Inaugural Lecture
ON
SURGERY.

Delivered in King's College, London, October 4th, 1870.

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GENTLEMEN,—I consider myself especially fortunate, in opening to-day a course of lectures which for many years past have been delivered by so eminent a surgeon as my predecessor, that it is no strange class, previously unknown personally to me, whom I have for the first time to instruct; but that the intelligent and inquiring faces which meet my eyes are the same which I have frequently and familiarly met before, and from whom I have received so much good-will and sympathy in my last sphere of duty. Indeed, there is nothing which affords a greater stimulus to a lecturer to exert himself to the utmost for the instruction of his pupils than a sense of the kindly and appreciative reception of his words; and it is equally certain that little advantage can be derived by the disciple unless he receives them as of greater weight than can accrue from a mere perfunctory and *ex cathedrâ* utterance. I wish, therefore, in going through this course, to be looked upon rather in the light of a tutor, whose object it is to supply the varying wants of his class, than in that of a lecturer, who will give you *viva voce* a learned dissertation upon his subject; or rather as a friend who is disposed to help each of you individually along the steep and difficult path to the practical knowledge of surgical science and art; and I am assisted in the fulfilment of this desire by the impending changes in the requirements of the Royal College of Surgeons, with which the Professor of Surgery in this College has necessarily and properly a most intimate interest and correspondence, and which will for the future expect that this course shall be of a more practical kind in reference to that department which refers to operations and to the use of surgical appliances than has hitherto been the case in any lectures upon the subject. I propose, therefore, as soon as the course has got fairly under weigh, and the preliminary lectures treating of the general principles of the art have been delivered, to devote one hour in the week to an examination, combined with practical instruction, in the preliminaries and after-treatment of operations, the principles and practice of bandaging, the mechanical treatment of fractures, and the application of surgical apparatus generally. Sections of the class will be called upon to do these things practically and individually, while the rest will be expected to give the reasons for every course of procedure, as a sort of running commentary or choragic utterance upon the proceedings.

On these occasions I wish the class to ask questions freely, so that each may supply his own wants, and slake the thirst which I hope will be present from the stream of knowledge which it will be my duty to furnish. For that day, gentlemen, we will resolve ourselves into a peripatetic class, and discuss surgical matters with the freedom with which the ancient philosophers in the academical groves of Athens argued high questions of philosophy. There will be supplied living models and lay figures, upon which will be exemplified the different bandages and the application of apparatus, &c. Your first efforts will thus be attempted upon subjects who will not be made to suffer by the unavoidable want of dexterity and the mistakes that must be expected from a beginner: while it instructs you it wont hurt them.

The surgical qualifications which this method is intended to supply to you are those in which the candidates for surgical diplomas have been for some time considered to be especially deficient; and, when one looks at the matter fairly, the manipulative part of our art is really a most essential feature of distinction between the chirurgeon and the physician. For many hundred years, both in the pagan, Greek, and Roman times, and in the middle ages, the performance of surgical operations was relegated to the slave, freedman, or servant of the physician, or of the ecclesiastic who made medicine his especial study, but who, by the rules of his order, was forbidden to shed blood even for the sake of humanity. But when surgery rose in the estimation of educated men, and it began to be perceived that in its most highly developed embodiment it was medicine and something more superadded to it in the way of nerve, coolness, responsibility, and manipulative skill, there still prevailed some of the old feeling that these latter were qualifications of the body only, and as such were something inferior in dignity to the scholastic and intellectual acquirements of pure medicine. And so a tendency prevailed in the examinations to subordinate the former to the latter, so much that the surgeon came at last to be, in most cases, rather the physician of joints and other surgical diseases than a surgeon in the modern sense of the word.

Again, excellence in manipulation requires certain natural endowments which are not at all common, and, moreover, which are rarely found combined with a high degree of intellectual development. The greatest names in surgery are those of men in whom this happy combination has more or less existed; sometimes more of one than of the other. It seems to be a fact pretty generally acknowledged, that men have passed the examinations at the College of Surgeons who had to learn how to apply a bandage, dress a wound, or put on a truss, at the expense of the unfortunate patients whom they might be successful in persuading to put themselves under their hands upon the strength of the diploma. It seemed high time to alter that state of things. Accordingly the requirements for practical instruction have been gradually rising, and now all candidates are required to have been dressers of hospital patients; but the short time during which this is possible renders it advisable that some preliminary knowledge should be previously obtained. Moreover, dressing without such previous instruction is hardly fair to the patients, subjecting them, perhaps, to suffering from mismanagement or want of dexterity, and the student to a liability to the reproach conveyed in the Arab proverb of the barber surgeon: "He learns cupping upon the heads of orphans"—an Eastern application of the maxim, "Fiat experimentum in corpore vili." Now, to do rightly even the smallest of these details of bandaging, setting broken bones and reducing dislocations, requires a fair and true knowledge of the principles of animal mechanics, which I take it for granted that you have acquired in your first year of learning the bones and dissecting the muscles and joints. If you do not know the kinds of levers you have to deal with, the action of muscles upon them, and the alteration of mechanical conditions which a fracture or a putting-out of joints brings about, you are entitled to but little more respect (even though you may have a diploma) than the quack bone-setter of the country town, who, with the knowing air of intuitive insight, puts up a sprain for a fracture, manipulates a diseased joint as if it were a dislocation, or cracks a rheumatic tendon, and, hey presto! there goes the joint in again; or presses his rough thumb upon the tender spot in the curved spine, and mingles with the scream of excruciating agony from the poor sufferer the brutal boast of having set the fracture or put in the joint which the regular doctor had not found out.

In all these circumstances the want of knowledge on the part of the manipulator entails severe and unnecessary suffering on the part of the patient. Ignorance in this as in many other ways produces as much mischief as imposture. The practical knowledge of anatomy comes in again with even more force in all operative procedures in which the use of the knife is required. In the ligature of arteries, in tracheotomy, in hernia operations, in the performance of resections and amputations, the knowledge of the tissues at sight makes sometimes the difference between success and failure—nay, even between life and death. I trust, therefore, that any shortcoming which the want of subjects may have caused in this particular in your first year will be well supplemented while this course of lectures is going on. The prosecution of the two studies at the same time for one winter session is not by any means a weak point in the regulations of the Royal College of Surgeons. By comparing the dissecting-room with the

operating-theatre, you will find, moreover, that in the anatomical resemblances between them there is a difference, and a very important one. This difference springs from the phenomena of life and sensation. It is not merely the machine in motion compared with the machine at rest, although some significant distinctions depend upon this also. In the dissecting-room your work deals with an unresisting corpse, cold in its passive submission, with no impending dread of consequences, no shrinking from the incisive touch of the sharp knife, and no more thought or care for any future injury that human ignorance, malevolence, or the powers of nature can do unto it. The fearsome boundary is passed for it which rendered terror possible and care worth taking. In the dissecting-room, an accidental cut across an important artery or nerve, or even a bad dissection, "cutting away everything," as it is said, has no further bad consequences than the satirical reflections of your fellow-students, or, at most, the dismay and disgust of the Demonstrator, and its effects upon your character for discrimination. But when the surgeon's knife touches the living skin, the quivering muscle, the distended vessels, and the agonised nerve, the conditions are altered to the operator as to the patient, even under the blessed influence of chloroform. The operator has to work quickly, and yet safely and coolly, while the fountains of life spurt from a score of vessels, and the forceps of one hand secures them close upon the knife in the other which divides them.

Now, an unpreparedness in anatomical skill, or even a momentary forgetfulness, or want of quickness in seeing, or an accidental slip of the fingers, may involve the loss of so great a stake as the life of a fellow-creature, and with it your own reputation, and perhaps your livelihood. This work requires training of a more advanced kind than dissecting, and to do it quickly, completely, and well, is a very high attainment, to which not all men can reach. The best preparation for it, short of absolutely doing it, is by close and constant familiarity with the work of the operating theatre after sufficient practice upon the dead subject. The pleasing satisfaction of knowing your anatomy practically and thoroughly, which I hope you will all by-and-by experience, must not, however, lead you to attach undue importance to many of those minor details which are frequently and rightly employed as a test of your practical knowledge. Many a structure which the dissector gets into the habit of avoiding carefully is cut by the surgeon with no thought or consideration for anatomical susceptibilities. To know what structures to cut and what to avoid is one of the great points of difference between an anatomist and a surgeon. For the purposes of the former, many things are important which are not so to the latter; and if you do not learn this, your friends, the candid critics, will speak of you as an anatomical surgeon; and the less the burden of anatomy which the opinion carries in the heads of these gentlemen, the higher will their shoulders at the same time go.

In my address yesterday I pointed out the great value of having main principles of utility always before your eyes in the performance of the most simple duties, and I alluded to what I considered to be a departure from such principles in the use of charpie as a dressing for gunshot and other wounds. A want of attention to the first principles of surgery is often observable also in the application of the bandage—upon which many who have not received a surgical education at all pride themselves, and really can apply, may be, as neatly as you can see represented in any of the illustrations of a manual upon that art. A practical surgeon would say that it is of much more consequence to leave proper openings in the most dependent positions for the drainage of offensive discharges from wounds, than to make the outer surface look smooth and regular. The reasons for this become intensified if it be probable, as often occurs in a campaign, that the dressing cannot be changed for many days, especially in hot weather. Too often the fancy bandage is made like unto a whited sepulchre, within which are pent up death-charged exudations and putrefying sores, and concealing a neglect of the dictates of common sense, the vital principle of modern surgery. Bandages and strapping are mainly of use in affording support to wounds, the surfaces of which are apt to be disturbed or rubbed together by the motions of the patient, and they are beneficial also in restraining the action of those muscles which would spasmodically or involuntarily move the wounded part. They give by their support great comfort to the patient, and are most required in cases that are obliged to be moved or to travel at once. In those cases which can be left on the spot, and kept quiet, the use of stitches only, deeply placed and well applied, is often sufficient where surgical assistance is scanty. The wound can then be kept clean with less trouble, and without the pain and disturbance to the patient caused by tearing off a load of dressing. It should be covered from the attacks of the flies and from atmospheric contagion by a piece of clean rag steeped in a disinfecting solution, or by simple cerate thickly spread on lint, and smeared over with carbolic oil, the vapour of which is by that means sufficiently retained for all practical purposes.

With many of the branches of the surgical art the facts of *Physiology* are intimately concerned. I shall look in this subject also for evidences of your first and second year's industry. In the treatment of diseases of the bloodvessels, a knowledge of vital hydraulics and hydrostatics comes into play. If the forces of the circulation are not well understood, my reasonings upon the nature, cause, and treatment of aneurisms and varicose veins will be in want of a foundation to start from in your minds. In the diagnosis and treatment of injuries of the head and spine, the physiology of innervation will be frequently referred to, and an acquaintance with its facts implied and reckoned upon.

The *microscope* will be in constant requisition for the recognition of the minute structures of the body in comparison with those which are the products of disease. In the section of comparative histology this instrument will henceforward play an important part also in reference to the germ theory of disease, which now occupies much attention, and will influence the future practice both of medicine and surgery, until the facts upon which it is based are thoroughly sifted or finally disposed of. In surgery it has a weighty bearing upon the questions of the origin, propagation, and prevention of erysipelas, pyæmia, and hospital gangrene. I hope that the sharp eyes and industry of many of the class before me may do something to elucidate the doubts which are entertained by many practical men as to the truth of this theory, and the correctness of the facts brought forward by its supporters. It is a field of great opportunities, and one peculiarly rich in material for future aspirants to surgical honours. *Physiological Surgery*, by its fortunate connexion with the most prolific regions of original research, is considered to be a short road to purely scientific distinction. It has, however, its failings and its dangers. Its tendency is to be speculative and unpractical, and to make its votaries addicted too freely to the scientific use of the imagination.

The *Pathology* of the joints and of diseases of the bones constitutes a main portion of that science with which surgery has to deal. You will do well in your third and fourth years of study to be constant in attendance upon post-mortems. Every case examined by you will give you some new light into the nature of disease, and the progressive changes which it induces in the minute structure of parts. The microscope must here also be in active employment, and from every case examined some portions of diseased tissue should be taken home, and studied at leisure with its aid. Notes and, if possible, sketches should be made of them, to familiarise you with the outlines, and make the details, at first sight confusing and involved, carry a clear meaning to your minds. The structure of tumours, again, is a prolific and instructive field of microscopic research which has been made illustrious by the labours of some of our greatest surgical intellects. And although the microscope has not hitherto given us those distinctive and sharply-defined characters which were, in its earlier days, expected from it in reference to malignant growths, it has cleared away many old notions as to the endozoic nature of these growths, and led us to modify our conceptions of their relation to the normal structures, from which they differ more in their degree of independence and malposition in the system than in their intrinsic nature. The alterations effected in the tissues by surgical diseases have by some been considered to be usually so great as to render the knowledge of the healthy tissues and their relations somewhat subordinate, and of proportionately less importance to the education of the practical surgeon. This I believe to be a mistake, arising from the same tendency to exaggeration and want of balance as the various heresies in the history of religious

opinion, in which the elevation of one tenet, perfectly true in itself, has given a false perspective in its relations to others equally true. It is an instance of one-sided bias, which an exclusive pursuit of any one series of facts gives to the mind—the "nothing like leather" of the old anecdote.

This manner of viewing surgery has been called by its followers *Pathological Surgery*. It has been favoured apparently because of its bearing upon practice in those branches of surgery in which practice is most abundant. Its too exclusive culture tends to lead to that kind of treatment which most favours the study of what has been called "the natural history of disease." To watch and note the different phases of diseased phenomena, to see the patient day by day more and more overcome by it until he is released by the kind hand of death, is indeed of as much value towards the attainment of right notions of what disease really is and leads to, as the patient observations of the metamorphoses of insects and the entozoa are to the study of natural history. But we are unfortunately too often compelled to do this in the many cases where treatment is of no avail to render it proper to do so where there is a good chance of the surgeon's interference turning the scale in favour of recovery. Exclusive observation of the unchecked progress of a diseased action is apt to create in the mind an overwhelming sense of its irresistible power, like that which awes one in the contemplation of nature's grander manifestations. And its practical corollary is the tenet, that time, rest, and support are all that is needed or ought to be done. To let Nature have fair play in her tendency to recovery, and to stand aside from meddlesome and perhaps vexatious interference, is right as a principle of action in very many cases, but it is one that does not therefore admit of universal application. The attitude of this kind of surgery has led to the application of the name of *"Expectant Surgery"* in this age of epithets and distinctive appellations. In the majority of surgical diseases and injuries, it is far less reasonably applicable than in the practice of medicine, wherein many fevers and other diseases admit of scarcely any other treatment. When pushed to an extreme, however, it has been called, in that department of medical practice, but scarcely justly I think, "a Meditation upon Death." In surgery it may certainly be stated, not unfairly, to be in many cases "a Drifting into Deformity." Private practice upon such principles only, resolves itself mainly into the business, or, if you like, the recreation, of going about to pick up fees, wherein the service chiefly rendered is a visit of gossipy condolence, accompanied perhaps by some purposeless manipulation in the "art of pleasing the patient, while nature performs the cure."

The opposite pole to this contemplative position of the surgeon is one that suits better the eager, bold and determined mental disposition (sometimes qualified by a sort of restless fidgetiness) which leads a man when faced by a difficulty to do something for his patient, or his reputation, or his fee, as the case may be with his conscience. When properly guarded, this tendency is a really valuable one, for, as Lord Bacon has remarked in his "Art of Judgment," "It is the nature of the mind of all men for the affirmative and active to effect more than the negative or the privative." In general practice it results in a treatment of symptoms as they arise (as the phrase goes), and in putting things into prescriptions to meet this or that end, with often but little reference to, and mayhap but little knowledge of or care for, "natural history" in any shape or form, of disease or otherwise. This may be called *Pharmaceutical Surgery* in an abnormally developed form, leading, in the palmy days of a fashion now happily dying away, to the more justifiable applications of the *drenching system*. Now the art of prescribing properly, sensibly, and simply, is one of the most valuable accomplishments you can attain to, and it is one which, I trust, you will all carefully study, both in the out- and in-patient departments of the hospital. There is, I think, a tendency, since apprenticeship became a system of the past, to neglect it, and prescriptions are often badly or ungrammatically written, and directions carelessly given or omitted. Nothing will more diminish the confidence of your patients in the general amount and accuracy of your professional knowledge than such imperfections. They will judge by the sample which they are bound to see, and in some measure to understand, of the whole substance of your knowledge and experience, and as a rule they may judge fairly thereby. And in this, again, method in little things often shows the master of great things.

In operative surgery, when the admirable shrewdness, experienced caution, and humane feeling which you have been hitherto privileged to see exemplified in this chair happens to be wanting, this "do or die" character leads, if untrammeled by knowledge and unrestrained by prudence, to the structures of the human body being considered principally as objects to be cut out, or burnt off, or otherwise scientifically disposed of. Joint cases will be looked upon chiefly as nice cases for excision; aneurisms favourable for tying arteries; diseased limbs beautiful for amputation; and surgical cases will come to be viewed generally as *operation* cases. The impetuous dash and false glitter which coruscates over surgical performances of this style, would perhaps be highly fitting for a bold leader of dragoons; and the blood which follows upon its fatal course is scarcely less appalling. It is comparable to the methods in midwifery which have been alliteratively called *meddlesome*, and its effect upon the minds of very sensitive observers is sometimes rudely expressed by epithets more applicable to an occupation which takes life instead of saving it.

A sovereign remedy for most of these diseases of development in surgical art, is the patient, persistent, constant watchfulness, at the bedside of the patient, of the symptoms and conditions of disease, and a comparison of the effect of treatment and of no treatment but rest and proper diet—*"fidelibus oculis subjecta."*

The practice of short case-taking on your own account is most valuable; not copying from the notes of the dresser, nor putting down the ideas of others, but your own thoughts, your own observations, especially when they seem to differ from the remarks of your teacher. You can then correct them, if necessary, by personal reference to him, and so acquire "that faculty of a wise interrogation which is half a knowledge." And sometimes you may be able to call to his attention even something which has escaped his observation or that of his assistants; and so you may do good to your patients, and also help your teacher. Your notes should at first be limited to the easier and more common cases, which are really those from which you can learn the most generally useful matters. And when you have obtained experience in these, you will be in a better position to apply to your own minds the wisdom of the father of modern science, "that medical cases should neither be so infinite as to extend to every common case, nor so limited as to admit none but wonders; for many things are new in the manner which are not new in the kind, and if men will intend to observe, they shall find much worthy to observe." Nor should you refrain from noting such cases as are usually considered incurable beyond hope; for much that is useful, and even new, may be learned from them, and to omit them from study perpetuates that "law of neglect" which "exempts ignorance from discredit." I shall aid you as far as possible in so doing by constant reference to my cases in the wards of the hospital in this course of lectures, as well as in those more especially devoted to them delivered in the theatre of that institution; and I hope by so doing to encourage you in the vigorous prosecution of that excellent kind of surgery called *Clinical Surgery*, and so do my best to second the efforts of my distinguished colleague who now presides more especially over that practical kind of instruction,—the knowledge of which is the best passport to success in private practice, and to the highest consideration from the members of our common profession.

There is an extravagance in the outgrowths of modern surgery to which I will finally make some allusions—viz., the extreme tendency to *specialties* in every shape and form. In the number of these I do not intend to include fair and legitimate specialties, such as eye surgery or dental surgery, or even ear and laryngeal surgery; but I would deprecate that tendency to make a mystery of matters which are really only fairly diagnosed and treated upon principles common to all surgery, and which should be guided in their application by the most useful of senses, "common sense." According to some, there is a special mystery in gunshot, shell, and bayonet wounds, which a civil surgeon does not and cannot understand; and yet the effective practice resolves itself for the most part into treatment derived from general surgery and copied from civil hospitals, and where it departs from this it is most likely to

go wrong. And there are various departments of surgery which have been asserted to stand upon a higher platform than the firm ground of common and well-tried surgical principles, and which are trivial in the distinctions upon which they make this claim. If no feeling of consideration for the dignity and position of the art as a whole be at hand, we shall arrive at a state of things in which every peculiar excellence by which its practitioners differ from each other (and such differences must necessarily exist) will be held to be distinctions, which fall as far short of being true professional differences as a tailor by trade having a professed specialty for trowsers, or a bootmaker one for corns.

You will, I hope, gather the moral which I intend in these observations, and which I wish to apply only to yourselves as a class of surgery, striving after excellence—that I shall endeavour to influence you, in mastering this branch of your studies, to be *anatomical*, but not too discriminative; *physiological*, but not too speculative; *pathological*, but not too contemplative; *pharmaceutical*, but not too laxative; but above all, *clinical* and *surgical*, but not too operative; special and practical in your knowledge of all its branches, but not too distinctive in your profession of it. And I, for my part, will do my best to lead you by the *via media*, through which you may safely and honourably travel to usefulness, and I hope to competence; and to keep you in the "golden mean," which will best enable you to earn "golden opinions" in the practice of your noble profession.

ON HOSPITAL GANGRENE.

BY DR. WM. R. E. SMART, C.B.,
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(*Concluded from p. 463.*)

IN further illustration of those principles in the treatment of such cases in military surgery, I will relate one of this disease that occurred three weeks after amputation of the thigh:—

CASE 3.—G. P——, aged thirty-one, petty officer; admitted on the 18th of June, 1855; wounded in the assault on the Redan. Camp report: "Primary amputation in middle third of left thigh for compound comminuted fracture of the tibia. Until the last two or three days the stump looked well, and had more than half healed; but lately the wound has assumed a phagedænic appearance, with swelling of upper part of thigh and hip. The *chloride of zinc solution* has been applied to it.—Dated 10th July. JAS. JENKINS, M.D."

On admission to hospital on the above date, twenty-two days after amputation, the thigh was of tallowy colour, swollen to twice the size of the sound limb, the tumefaction reaching over Poupart's ligament; a blush extended upwards from the incisions, which were covered with a shreddy, grey discharge.

Aware that the antiseptic had been freely applied deeply, I made scarifications of the integuments above to relieve the great tension, fomented the part and applied water dressings, and gave purgatives with anodynes.

Twenty-third day.—Stump smaller, and less swollen; blush less extensive.

Twenty-fourth day.—Evening: System irritated; pulse 86, quick; skin cool; stump more tumid, hard, and painful; redness along track of vessels. Made incision along the track of vessels, and gave exit to pus. Applied cataplasms.

The phagedænic action had extended along the periosteum and the fibrous tissues in general. Abscesses formed around the dead tissues, requiring incisions for their evacuation. The end of the femur became necrosed. The ligatures separated in due time. He was on crutches on the forty-eighth day; but the sequestrum, being very extensive, had not become detached on the hundredth day, when he was quite able to leave the Crimea.

This case affords a valuable instance of the use of the chloride of zinc solution in checking the ravages of the disease in a stump of the largest size, and it taught me the value of that agent in this disease.

The question of amputation in this form of gangrene, or pourriture, ought not, in my opinion, to be entertained. I do not know of any case in which it has succeeded. It was attended with fatal results in a case where, previous to my having gained experience of the nature of the malady, I amputated an arm, hoping thereby to save life. This case came to me a week before the last mentioned, to which I was indebted for the knowledge of the value of powerful escharotic antiseptics.

CASE 4.—D. M'C——, aged twenty-eight, seaman, on July 4th, 1857, was wounded by shell in the left cheek, and sustained compound comminuted fracture of the right humerus in its upper middle third, with laceration of muscles.

Third day.—On admission to hospital there was slight feverish reaction.

Fourth day.—Had slept well. Tongue clean; pulse 84, compressible. Limb much swollen; wound turgid, discharge shreddy and ichorous. After consultation I removed the limb in its upper third, under chloroform. The incisions were sound, except where they had cut through an extravasation in the posterior flap.

Sixth day.—Restless, and shoulder tumid; much blood-stained ichor, and some shreddy sloughs. Throat and tongue clean; pulse 90, small.

Seventh day.—Anxious; chilly surface. Pulse 90, small; tongue clean. Stump more swollen; sloughs from the inner end of the incision. Discharge bloody and fetid.

Eighth day.—Stump gangrenous on surface; yellowish œdema over the scapula; neck swollen, and its veins turgid. Has vomiting and epigastric distress, and is restless. Trunk and head in chill sweat. Fingers bluish; tongue cold, but clean; pulse thready; moribund.—6 P.M.: Purple discoloration above acromion.—7 P.M.: Death.

This patient had been in two camp hospitals before he came under my care; last in that from which the preceding case was sent to me; so that I have no doubt he contracted there the seeds of the malady, the camp hospitals being at that time crowded with the wounded after the assault on the Redan.

I think there can be no doubt that this destructive malady is a low, inflammatory action of zymotic origin, of which the microzymes are diffusible in the atmosphere, as well as conveyable in the materials used in cleansing and dressing wounds. I know of no instance of its invasion without a previous breach of surface. Its primary effects are displayed on the tissues of low organisation—the aponeuroses, intermuscular septa and investing membrane of the bones. The skin is secondarily involved after its vascular supply is weakened by the destruction of the subjacent areolar tissue; and necrosis occurs through the destruction of the periosteum and endosteum—of the former more frequently and more extensively than of the latter; but the larger vessels, as low as those of the fourth magnitude, resist its extension to them. It is allied with a form of sloughing ulcer well known to naval medical officers as described by Lind, in which I have seen all the muscles of the front of the leg, and some of those of the calf, isolated, with every fibre intact, and I have had to amputate on account of the consequent necrosis of the shaft of the tibia. I have known it almost endemic, throughout a commission of three years, in a three-decked ship renowned for her cleanliness and good discipline; and, on reflection, I can imagine that if that ship had gone into action the condition of her wounded would have been very alarming. The prevalence of a tendency to it would intimidate the operating surgeon, although I am inclined to believe firmly that washing the face of the fresh stump with the solution of the chloride of zinc, as is done at the Middlesex Hospital, would obviate its appearance; and, perhaps, the use of carbolic acid will be equally successful. The history of military surgery is not exact enough to inform us whether this was a camp disease when the actual cautery was the common hæmostatic, prior to the knowledge of arterial ligatures, and when healing by the first intention was not aimed at, and tar and pitch were used in the dressing of stumps.

The term "hospital gangrene" does not rightly express the character of the affection; and I consider "sloughing phagedæna" a far more accurate name for it. The French word *pourriture*, signifying "the rottenness of decay," is more expressive of its course than any word in the English language.

London, October, 1870.

CLINICAL REMARKS
ON THE
ACTION OF BELLADONNA IN ARRESTING NOCTURNAL INCONTINENCE OF URINE.

BY J. BURNEY YEO, M.B.,
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THERE are one or two facts in therapeutics which are extremely encouraging to those who believe, as I do, that medicines generally have a very important influence in modifying or arresting disordered conditions of the bodily organs. They serve also as an antidote to that widely-spread scepticism with regard to the value of medicinal agents in combating disease, which is as irrational as was the excessive credulousness which formerly existed on this point, and to which our modern incredulity probably owes its origin.

Of such facts, the action of belladonna in arresting nocturnal incontinence of urine is one of the most remarkable, especially when its operation can be witnessed in such cases as the following.

The conditions which give rise to this distressing symptom are most commonly observed in young children; but the cases which form the subjects of these remarks were persons who had reached the age of puberty, and this circumstance has enabled us to analyse the mode of action of the remedy in a manner which would have been difficult with younger patients.

The first case was that of a young man, sixteen years of age, an apprentice as a compositor, who became an out-patient at the hospital about two months ago, complaining of nocturnal incontinence of urine. He was a thin, delicate-looking boy, with a hectic flush on his face; and he manifested in a marked degree that *shamefacedness* and mental distress which so embarrassing an infirmity may well produce. The accident happened every night, and had persisted ever since his infancy. He was ordered to take five minims of the tincture of belladonna, with ten minims of the tincture of the perchloride of iron, three times a day, and to avoid drinking any fluid for some hours before bed-time. After taking this prescription for a week, he reported himself as only slightly better; he had passed urine in bed three or four times since he had taken the medicine. He was ordered to take ten minims of the belladonna tincture instead of five. This reduced the frequency of the accident to first once in seven days; then once in about fourteen days; and, on increasing the dose to fifteen minims, once in three weeks. With the latter dose he took no steel, as his general condition had improved marvellously. There had been, so far, little or no alteration in the dimensions of the pupils, and vision had been in no wise interfered with; but on the recurrence of a slightly increased frequency of the incontinence, he was ordered twenty minims of the tincture of belladonna three times a day. The nocturnal incontinence now completely ceased, but the vision became so indistinct that he could not "read his copy." He was therefore ordered to take only one dose of twenty minims in the twenty-four hours, and that at bedtime. He continues quite free from a return of the complaint. This patient had never suffered from any irritability of the bladder by day, and had no occasion to pass water more frequently than other people.

The next case was that of a girl, also between sixteen and seventeen years of age, who had similarly suffered ever since her infancy from nocturnal incontinence of urine. She came to King's College Hospital as an out-patient on March 5th last, and at that time she was nightly passing her urine in bed. She was living in the country, and was a fresh-looking, healthy, and robust young woman; but her mental distress and embarrassment were extreme. This wretched malady unfitted her for going into service, might be justly regarded as an impediment to marriage, and altogether made her life a misery. She was put on the same kind of treatment as the preceding case, except that she at once commenced taking ten minims of the tincture of belladonna thrice daily, and she was ordered no steel, as her general condition was good. For the first week little or no improvement was manifested; the dose of belladonna was therefore increased to fifteen minims, which dose she has continued to take ever since. The incontinence rapidly abated, and now scarcely ever occurs. Her appearance and manner have at the same time undergone an entire change; a bright and cheerful aspect has replaced a taciturn, morose, and discontented mien. She has, for nearly a month, been engaged in a situation as a domestic servant, for which she voluntarily applied. Here, then, is a remarkable instance where the whole course and prospects of a life have been rapidly changed by the administration of a few minims of a vegetable tincture!

Let us now inquire, What is the pathological condition which in these cases gave rise to this symptom; and in what manner has the belladonna acted in overcoming it? I apprehend that a weakness or atony of the sphincter muscle of the bladder was at the root of the evil in each case. There was no irritability of the bladder leading to frequent micturition by day in either case, nor was there any abnormal condition of the urinary excretion.

We know that the involuntary action of the sphincters can be supplemented and strengthened, when necessary, by voluntary effort. It is therefore probable that, during the waking hours, a very slight amount of voluntary effort is superadded to the involuntary contraction of the sphincter vesicæ, and the urine is thus prevented from escaping from the bladder. But during sleep this voluntary effort is in abeyance, and so soon as the accumulation of urine becomes sufficient to stimulate the detrusor fibres to contraction, the weak sphincter gives way, and the bladder is evacuated in bed. I imagine that the belladonna, acting it may be through the sympathetic nerve fibres, strengthens the involuntary efforts of the sphincter fibres at the neck of the bladder, and thus prevents the nocturnal incontinence. In each of the cases I have alluded to, there was the additional difficulty in treating them, as I remarked at the time, that we had to overcome an inveterate habit. The bladder had acquired during fifteen or sixteen years the habit of discharging its contents during the night. Now in the girl's case we had a striking example alike of the influence of habit and of the efficacy of the remedy. The habit prompted the bladder to empty itself during the sleep; remedy, producing firm contraction of the sphincter, resisted this effort; the sum of the two opposing influences was sufficient to wake the patient out of her sleep every night, at first two or three times, now only once, when she has to yield to the force of habit, and gets up to pass water. This circumstance points, I think, clearly to the fact that the action of the belladonna influences, directly or indirectly, the contractile force of the sphincter of the bladder. Its efficacy cannot be due to its diminishing any irritability of the bladder, for none exists; during the day-time the bladder distends to quite as great an extent as is common. It cannot be due to its checking the secretion of urine, because quite as much urine is secreted now as formerly. Neither can it be due to its altering the character of the secretion, which has never been other than natural. We conclude, then, that the efficacy of belladonna in relieving nocturnal incontinence of urine is owing to its influence in giving tone to the weakened sphincter vesicæ. This observation is in harmony with the statements which have recently been made as to the action of belladonna as an aperient by promoting the peristaltic contractions of the involuntary muscular fibres of the intestinal canal. But the most valuable comment that I can make on these two cases is, "Let them teach us not to despise the influence of medicines or the study of therapeutics." So long as we know of a few medicines which possess such remarkable curative powers, we are encouraged to believe that by searching we shall discover more.

St. James's-street, S.W., Sept. 1870.

TYPHUS AND DYSENTERY AMONG THE GERMAN TROOPS.—The *Allg. Cent. Zeit.* of Berlin, No. 80, 1870, states that these diseases are doing great havoc around Metz. Most of the sick and wounded tended in the hospitals are suffering from the above complaints, and the death-rate has been very considerable. The wet weather and the continued fatigue are stated as the principal causes of these calamities.

CARBOLIC ACID AS AN ANTISEPTIC AND DISINFECTANT.

WITH A FEW CASES ILLUSTRATIVE OF ITS BENEFICIAL EFFECTS IN CATARRHAL, ASTHMATIC, AND BRONCHIAL AFFECTIONS.

BY ANGUS MACKINTOSH, M.D.

(*Continued from p. 490.*)

THE following cases will appear interesting to the profession in so far as they illustrate the beneficial effects of carbolic acid in complicated and chronic diseases, and prove that, by minute care and constant application, the desired result may be occasionally accomplished, however adverse circumstances may appear.

The first case is that of a young girl who had lupus of the nose of ten or eleven years' standing, and who, after trying all the hospitals and dispensaries in the west of England, and some in the neighbourhood of London, entirely relinquished the hope of ever getting better; but, through the means adopted, her nose and the adjacent parts, that were extensively destroyed, have been restored. Two years have elapsed since she was considered cured, and there is not the slightest symptom of the disease returning. The second case is that of a married woman, the mother of several children, in whom over-straining in lifting heavy weights caused strangulated inguinal hernia, and who, without an operation, has made a complete recovery. Relative to this case I consulted the late Professor Syme of Edinburgh, and Sir Wm. Fergusson of London. To both of these gentlemen I owe a lasting debt of gratitude for many wise suggestions on various occasions. The third case is that of a middle-aged man, who, in a drunken squabble, sustained a compound dislocation of the ankle and compound comminuted fracture of the fibula. This man also has made a rapid recovery, and was in course of a few months able to work at his trade, and to walk surprisingly long distances apparently without any great inconvenience.

CASE 2.—The following is the history as given by the mother up to the end of October, 1867, when my attention was called to the case:—H. E——, aged seventeen years, suffered from 1855 to 1858 considerably from inflamed and swollen eyes; constitution always rather delicate. About the end of 1858 her eyes got gradually better, but shortly thereafter she complained of her nose, at the tip of which one or two red spots appeared; these in course of time broke up, forming a scab, and ever since the disease has been extending. After treatment at several public institutions, as already stated, the case was considered hopeless and incurable.

On examination I found her of scrofulous diathesis, figure slender and delicate, and suffering from a catarrhal affection with sore-throat. The nose up to the bridge was swollen and inflamed, exhibiting here and there dull-red points; the tip covered with scab, and underneath the scab small ulcers. The cartilages and some of the nasal bones were partly destroyed, and the adjacent soft parts to a much greater extent. The lips were slightly enlarged; the nostrils almost closed with tumefaction; the eyelids swollen, inflamed, and everted. I informed the mother of the difficulties to be overcome in attempting to bring about a cure, and said that if any means could possibly do good, it must be through a long and tedious process, to which she replied that no process could be too tedious if it were only effectual.

About this time Dr. James Dewar's (of Kirkcaldy) sulphurous acid theories were creating some sensation on the north side of the Tweed, and I considered this a favourable opportunity for trying it, as, from a pamphlet sent me by a friend, it appeared to be particularly suitable to skin complaints. The parents of the patient lived close to the back of my establishment, where I might conveniently visit her twice a day. I ordered a quantity of sulphurous acid from a distance, being not kept by any chemist in the town, and instructed the mother to get an apartment ready, where she might keep her daughter undisturbed for at least two months, which she promptly prepared, the daughter herself being willing to submit to any line of treatment. The place selected was a bedroom about 10 ft. square, where the girl was to sleep by night and live by day.

On Nov. 1st I commenced the application of the sulphurous acid to the nose. I visited my patient twice a day, and applied the acid myself at each visit; the mother, in my absence, dressed it twice more during the day, according to directions—in all, four times in twenty-four hours. The room also was fumigated regularly night and morning by burning sulphur, the doors being closed. She had plenty of beef-tea, mutton-broth, porter and milk, but refused cod-liver oil, on the ground that she took it for years without any benefit, and that latterly it invariably induced relaxation of the bowels. Internally I prescribed the following mixture, which was continued throughout with the exception of two or three short intervals, when the stomach got a little disordered: Liquor arsenicalis, one drachm; tincture of calumba, six drachms; clove water, three ounces; syrup of orange, two ounces; water, three ounces; of which a dessert-spoonful was to be taken every six hours, between meals. This treatment was continued without intermission for two months, but without apparent change in the desired direction. No unusual symptom supervened; slight functional derangement of the stomach and bowels occurred on two or three occasions, but not to any unmanageable extent. The application of the acid did not cause any pain or troublesome irritation; it was described as agreeable and rather soothing. I may add that my patient got quite heartless at this result; but I encouraged her by saying that there was one other remedy I should like to try, in which I had great faith.

About the beginning of January, 1868, I changed the sulphurous acid for carbolic acid, and discontinued burning the sulphur. I desired the nose to be poulticed for two nights in succession, which removed portions of the scab; I then mixed the carbolic acid and linseed oil in equal proportions, and ordered the nose to be thoroughly painted with the lotion once every six hours, which was done by means of a camel's-hair brush. The odour was rather disagreeable at first, but did not affect the breathing so much as one would imagine. In a corner of the room a quantity of the acid was constantly kept on a plate, to charge the air, and the same mixture as before administered internally. In the course of a week my patient began to complain of great irritation in and about the diseased part of the nose, so much so that I had recourse to poultices. I next applied carbolic-acid putty, but she could not endure the pressure; I therefore returned to the lotion, of the same strength as before, and continued it without any disagreeable or painful symptom arising. It seemed as if the crisis was passed. In a month's time from the commencement of the carbolic-acid treatment, the catarrh from which she suffered had given way, the throat was easier, and the expectoration less; very little pus could be detected, and the scab was nearly all gone; in short, a general improvement could be seen externally, which gave a new stimulus of encouragement to all concerned. From this period the treatment was attended to with greater care and regularity. About the end of the second month the scab had disappeared, as well as the pus, and the lotion was subsequently used only three times a day. From this date to the end of the sixth month the case went on improving, when a complete cure was effected.

I have not the remotest doubt that the carbolic acid was the direct means by which the cure was accomplished in this long-standing and obstinate case, combined perhaps with a little beneficial aid from the arsenic mixture. On its *modus operandi* I have not been able to decide.

QUERY.—*Has the carbolic acid brought about this desired effect by first destroying the putrefactive organisms of the atmosphere which are supposed to favour if not to create pus, and hence the cure; or has it diminished the quantity of pus by giving increased tone of vitality to the parts through its stimulating and chemical effects, and thus prevent the tendency in the parts to disorganisation and putrefaction?*

CASE 3.—On May 18th, 1869, I was called to see a married woman, M. G——, aged forty-two, who had inguinal hernia of the right side, which I managed to reduce by taxis. On the 25th I was again summoned in haste, as, in consequence of some violent exertion, she had had a return of her complaint. On examination I found a considerable tumour in the right groin, rather painful when manipulated, which I concluded to be inguinal hernia, and feared, from the sym-

ptoms, to be strangulated. Taxis with cold applications having been tried without success, I administered chloroform and endeavoured to effect reduction, but failed. The patient was strong and healthy. I gave an enema of warm water and turpentine, after which she was very sick. I again tried, but unsuccessfully, to reduce the tumour, which now became red, tense, and painful to the touch. Every effort having been frustrated, I was necessitated to propose an operation. The patient, however, positively declined to submit to any interference of that kind, and said she would rather die than undergo an operation; and this resolution she adhered to in spite of advice and persuasion on the part of myself and her friends.

May 26th.—Tumour red, tense, and painful; no motion of the bowels; sick and urging. Another enema of gruel, turpentine, and laudanum was given; brandy-and-water internally.

27th.—Stercoraceous vomiting; pulse small and feeble; tumour painful and slightly discoloured. Warm poultice to tumour; brandy-and-water, milk-and-water, and beef-tea at intervals internally. No motion of bowels; enema given.

28th.—Vomiting continues; countenance pale and anxious; extremities cold; pulse small; mortification in tumour; no motion of bowels. Hot poultices to tumour, renewed every two hours. Can take nothing except brandy-and-water and milk. Enema given.

29th.—Tumour broke open during the night, forming an abnormal anus; large quantity of fæcal matter discharged. Patient not so distressed; pulse small and feeble; face pale and covered with cold perspiration; urging and vomiting almost ceased; gangrene spreading; no motion of bowels. Nitrate of silver freely applied outside the gangrenous part; poultice, saturated with carbolic acid, to wound. Brandy, milk, and beef-tea internally; hot jars to feet.

30th.—Sickness and urging returned; pulse weak and feeble; perspiration profuse; extremities cold. No motion of bowels; contents discharged freely through the preternatural anus when patient turns on the right side. Mortification extending rapidly. Brandy and soda-water, milk and lime-water given at short intervals. Nitric acid applied to the edges of the wound, followed by a stream of cold water; feet kept warm; carbolic acid poultice to wound; enema twice a day; opiate at night.

31st. — Sickness better; mortification checked; pulse somewhat stronger. Slept for a few hours, and took a little beef-tea during the night. Nitric acid again applied; wound dressed as before. No motion of bowels; enema twice a day.

June 1st.—Patient slightly better; took a quantity of lime-water and milk. Not so much discharge from wound. Slept several hours. Beef-tea and brandy to be continued; nitrate of silver to wound; poultice as before. No motion of bowels. Enema twice a day; opiate at night.

2nd.—Sickness but slight; pulse stronger; took more beef-tea and brandy. Slept for four hours. No motion of bowels. Enema at night.

3rd.—From this time the patient continued to improve, and for six weeks the motions passed regularly through the abnormal anus several times in the day. No wind nor anything else passed through the rectum for that period. As she began to get stronger, the thigh of the right side was flexed on the abdomen, the knee at right angles, and fixed in that position, from which she was not to move except to relieve the bowels, which she could only do by turning slightly on her right side. The edges of the wound were partially drawn together by means of adhesive plaster—nitrate of silver being used more or less every day,—and dressed with carbolic acid and oil in equal proportions.

Being surprised and puzzled that no evacuation of any kind passed through the natural channel per rectum, I ventured to explore the bowels through the inguinal opening with a small-sized bougie, which I could easily pass, without any pain, for about four inches, in the direction of the symphysis pubis, but in no other; from which I concluded that a collapse of the bowels must have taken place, followed by adhesions. At my next visit I used an exploring needle, and managed to pass it, with a little gentle force, in the desired direction, though not without considerable pain to the patient. Having introduced the needle, I endeavoured to dilate the parts, and succeeded so far as to be able to follow the course of the needle with the bougie, which I left in the bowel all day and night. Next morning I was informed that wind and a small quantity of slimy fæces passed per rectum. I replaced the first bougie by a larger one, which was also left in the bowel for twenty-four hours. On withdrawing it, an enema of warm water and turpentine was given; and the wound was dressed with the carbolic-acid lotion. At my next visit I was told that the patient had had a copious evacuation per rectum, without any pain. From this time the contents of the bowels regularly passed through the natural channel, and the wound gradually healed, till, in the course of five months, it completely closed, leaving no pain, nor any abnormality, with the exception of a little contraction of the skin.

Carbolic acid in this case proved of the greatest value as a disinfectant. Being the middle of summer, the heat was so intense that the effluvium and exhalations from the discharges, &c., contaminated and infected the atmosphere in the house to such an extent as to be altogether unbearable, and quite sufficient to create and propagate disease; but the acid, being freely used, charged every thing and every place with itself, so as to render the surrounding medium capable of being breathed with impunity. During the five months the wound was in closing, scarcely any pus was seen: so much for the acid, whether in confirmation of the chemical or the germ theory.

The bowels were, I believe, in such a condition, owing to the collapse and consequent adhesions, that their contents could never again have been directed per rectum by any effort of nature. It shows how much good may be secured by timely interference, and how careful we should be in studying every symptom to bring our case to a happy issue.

(To be continued.)

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium

ST. GEORGE'S HOSPITAL.

OPERATIONS BY MR. PRESCOTT HEWETT; CLINICAL REMARKS.

Excision of a bleeding Nævus.—The patient, a girl eight years of age and of very exsanguine appearance, presented a small bleeding tumour on the outer side of the lower third of the thigh. After its removal, Mr. Hewett gave an account of its history and nature, and the course he had adopted for its extirpation. He said that a more interesting case could scarcely have been brought before the notice of the class. Four years previously, on the growth being first noticed as a small, movable, soft lump, of bluish tint, the patient was taken to the Devon County Hospital, and seen by the surgical staff in consultation with Mr. Square. Its characters at that time being such as to lead to the opinion that it was malignant, it was decided that, if confirmatory evidence was obtained by the introduction of a needle, amputation should be performed. This proceeding, however, only established its vascular nature, and interference was for the time postponed.

The puncture had healed and a year elapsed, when the lower part of the lump gave way, and there ensued an oozing of blood, which had continued up to that day, in spite of an attempt by Mr. Square to arrest it by the injection of tannic acid. At the earnest request of her parents and friends, the child had recently been placed under his (Mr. Hewett's) care, and he had now only done what had been proposed as the next step by the surgeon under whose care the patient had formerly been: with a view to deciding what course should be finally adopted, he had freely exposed the growth by an incision through the integument. Before doing so it had been obvious that the growth could

not have been a cancer, of which the only form likely to be present in a child of that age would be the soft variety, which would long ago have betrayed itself by its fungoid appearance. It had proved to be what he expected—a nævus, probably congenital, though so small as to have been observed only at the end of four years; and in a year more it had become the seat of a slow but uncontrollable discharge of blood, which would inevitably have proved fatal if not at length arrested. Mr. Hewett proceeded then to say, that after his first incision he had squeezed out a quantity of clotted fibrin; he had next come down upon the surface of the growth, which consisted of a vascular membrane. The question then arose whether it should be destroyed with acid or dissected off. Finding it to be but loosely adherent to the subjacent tissue, he had cut it out, and with it all the vessels which had been the cause of the hæmorrhage; these had constituted virtually a bleeding sac, of which the communications with the normal vascular system were so minute that on its removal the bleeding and all danger of its recurrence came to an end. What little of the growth then remained he had left to be destroyed by the preparation of sulphate of copper and lint, called "blue lint," with which he had dressed the surface of the wound. He added that it was to be borne in mind that sebaceous cysts of the scalp, after they have burst, sometimes assume a hæmorrhagic character, presenting points of resemblance to the nævoid growth he had just removed.

Removal of a Tumour from an old Scar.—The growth was situated immediately below the clavicle, in the old scar of a wound caused by the application of caustic. The subject was a young woman. Mr. Hewett said he inclined to the opinion that it was fatty; but that there was a possibility of its being a congenital tumour, containing a number of small cysts. The introduction of a needle confirmed Mr. Hewett's opinion that the growth was of the first-mentioned kind; and, after its removal, he advised the class to use the knife as little as possible in similar operations, especially when performed in the neighbourhood of large vessels. By pressing the tumour, and turning it out with the fingers, after making the preliminary incision, they would often be able to avoid the division of all but small superficial vessels.

OPERATIONS BY MR. PICK.

Operation for the Cure of Recto-Vaginal Fistula.—This operation consisted in paring the edges of the fistula, bringing them together with silver sutures, and dividing the sphincter ani anteriorly in the mesial line. Mr. Pick said that the fistula was the result of an abscess in the cellular tissue between the rectum and vagina, which had burst into both these canals. The cavity of the abscess, which had at first been of the size of a hen's egg, had contracted to a size just sufficient to admit of the passage of the finger from the rectum into the vagina. He added that he could not be sanguine as to the result of the operation, and that if it failed he should lay the track of the abscess open into the perineum, and perform the usual operation for a ruptured perineum.

Mr. Pick then operated by strangulation for the cure of a large subcutaneous nævus on the back of a child.

WESTMINSTER HOSPITAL.

OPERATION FOR STRANGULATED IRREDUCIBLE HERNIA IN A MAN AGED EIGHTY-FIVE.

(Under the care of Mr. FRANCIS MASON.)

W. C——, aged eighty-five, was admitted on September 24th. He was extremely deaf, but the history, so far as it could be gathered from his friends, was that he had had a scrotal hernia for several years, without suffering in consequence any special discomfort.

Two days before his admission he vomited violently, and complained of some pain in the hernia. He was under treatment at the Lambeth workhouse, where all the usual remedies to afford relief were employed without any good result. On admission there was found a scrotal hernia as large as a man's head, soft over the greater portion, but very painful in the region of the abdominal ring. His bowels had not been relieved for three whole days. He was sick every ten minutes, although the contents of the stomach were not markedly stercoraceous.

Mr. Mason, under the circumstances, thought it best to place the patient under chloroform, and make an attempt to reduce the hernia, for at this time the real nature of the case had not been ascertained. No impression having been made on the swelling, an incision was carried over the neck of the tumour, the sac opened, and after the evacuation of a good pint of fluid, the intestine was found to be firmly adherent at the lower part of the scrotum, which must have contained at least a foot and a half of descended bowel. The strictured part was then divided, and no further attempt made to effect reduction.

On the following day the bowels had been relieved three times, and he had slept remarkably well. No medicine was ordered.

On the 9th of October an abscess near the wound was opened; otherwise the patient was doing well.

In remarking on this case Mr. Mason dwelt on the extreme difficulty of the diagnosis, and laid special stress on the advantage of opening the sac in such a case, at once revealing the condition of the parts. Had a violent attempt been made to return the protruded intestine, he added, much harm might have accrued, and the patient's life been unnecessarily endangered. The operation he had performed was slight as compared with the inflammation which might have been set up by rough handling.

CASES OF SKIN GRAFTING.

Mr. Francis Mason has performed the operation of skin grafting on granulating surfaces in nine instances. Five of these cases are now under observation.

The first was that of a girl with the cicatrix of a burn in the neck, of which a separate and detailed account will be given on another occasion.

The second was that of a woman who for three years had had an ulcer on the leg, measuring about four inches by three. Three pieces of skin, of the size of a canary seed, were snipped from the front of the upper arm, and simply placed on the ulcer, and retained in position by means of a strip of transparent plaster, made by Ewen of Jermyn-street, and over this water-dressing and a bandage were applied. At the end of a month the ulcer had nearly healed, each of these pieces having in a fortnight attained the size of a fourpenny-piece.

The third case was that of a man with a flabby-looking ulcer, as large as the hand, situated in the groin. Four small pieces from the front of the upper arm were grafted. Three failed to grow, and the fourth, after one month, was only of the size of a pea.

The fourth subject was a woman with an unhealthy ulcer of the leg, extending nearly all round the limb. Four pieces were grafted, and they all failed to grow.

The fifth, a woman, with an ulcer of the leg, of four years' standing, and two by three inches in size. Two pieces of skin were grafted, and in three weeks measured each a quarter of an inch in diameter.

The sixth, a man of middle age, with an ulcer of the leg, four by three inches in size, of nearly four years' standing, which was sloughing at the time of admission. Charcoal and linseed poultices were first applied, and the wound soon showed fairly healthy granulations, on which four pieces were grafted; and on the strips being removed four days later, they were all found to have adhered. When seen eleven days after the operation, they were spreading rapidly.

The seventh, a girl, aged twenty, with a flabby ulcer on the thigh, of eight months' standing. Two pieces were grafted with good result.

In the eighth and ninth cases there were smaller ulcers, in which one piece only was grafted. They rapidly recovered.

Mr. Mason, without committing himself to a decided opinion on this interesting operation, believes that its success depends on the ulcer being, if not in a healing condition, at least of a healthy character. He had understood from Mr. Pollock, who first showed him the operation, that the grafted portions often disappeared for a time, and were, as it were, reproduced in the course of a few days. Mr. Mason has never noticed this phenomenon. In his successful cases the grafted pieces have, on the contrary, never faded away or diminished, but remained centres of centrifugally spreading growth. They have in some instances assumed, in the course of a few days, a cupped or depressed

appearance, as if a kind of very superficial ulceration were proceeding; but they have ultimately filled up again, and the process of healing has proceeded. The pieces of skin have only disappeared in cases where they have perished. The situations most favourable for this procedure are, Mr. Mason thinks, those where—as in the case of ulcers of the leg—pressure can be readily applied, so as to keep the grafted skin permanently fixed for three or four days.

Perhaps the difference between the results of Mr. Mason's experiments and those of other operators, as to the disappearance of the transplanted skin, may be accounted for by the rather larger size of the portions (picked up in an ordinary dressing forceps) which he cuts off. In connexion with this point the following cases have an additional interest.

MIDDLESEX HOSPITAL.

CASES OF SKIN GRAFTING.

(Under the care of Mr. LAWSON.)

On the 15th inst. Mr. Lawson showed us two cases of skin grafting, which differ from any we have seen elsewhere, in that the portions of transplanted skin were each of the size of a fourpenny-piece, allowing for the shrinking which took place in virtue of their inherent elasticity. In both instances a single piece was transplanted; on the fifth day they desquamated, and became slightly livid, as from ecchymosis; about the seventh day they became pink from increased vascularity, and minute granulations began to spread from their circumference, and soon became covered with a film of skin. The cases were both ulcers of the leg, in which the healing process at the circumference was so slight as to be scarcely perceptible; and the new skin, which was almost entirely contributed by the grafted portions, had closed-in the wounds in about three weeks, and two or three days before the healing of the wounds in the arm, which presented an area of about an eighth of that of each ulcer.

HÔTEL DIEU, PARIS.

THE "CAUTÉRISATION EN FLÈCHES" OF M. MAISONNEUVE.

(*Reported by* Mr. EDMUND B. OWEN, M.R.C.S. Eng., Demonstrator of Anatomy at St. Mary's Hospital Medical School.)

For the removal of tumours and other morbid growths M. Maisonneuve employs extensively the "cautérisation en flèches," which method of treatment he introduced to the profession in the year 1858.

This method of cauterisation differs from most others in that the caustic employed is introduced into the *interior* of the growth, and that the patient is seldom put to the inconvenience of more than one operation; whereas in the destruction of a thickened tissue layer by layer, by a caustic applied to the external surface of the part, several cauterisations are required.

The "caustic arrows" employed by M. Maisonneuve are flattened, wedge-shaped pieces, cut from a thin cake of dough, which is made by mixing one part of chloride of zinc and three parts of wheaten flour, with as much water as is necessary. Their size varies, of course, with that of the part to be destroyed. As the arrows are dried, they may be kept for a long time without losing any of their properties. A great advantage of this form of escharotic is that it may be employed with the greatest facility in the destruction of growths the situation of which precludes the employment of any other cautery, and, at the same time, renders the use of the bistoury impracticable.

Thus, M. Maisonneuve removes fibrous and cancerous tumours affecting the neck of the uterus, the tongue, the soft palate and tonsils, the rectum and the anus. The part to be removed generally sloughs away on or about the tenth day after the introduction of the arrows, and its separation takes place with almost as much precision as could be attained by the use of the knife. From first to last no blood is lost, whilst erysipelas, pyæmia, and traumatic reaction rarely follow its employment.

From among many cases in which I have seen the "cautérisation en flèches" employed, I will give a short account of two or three.

J. D——, a sallow-looking man, aged sixty-four years, a vine-dresser, was admitted into the ward S. John, June 4th, 1870. He had been for many years a great pipe-smoker. Six years ago an epithelial cancer commenced on the left side of his lower lip, and later on a gland in the submaxillary region of the same side became enlarged. The cancerous growth, at the time of his admission, involved the tissue from the corner of the mouth up to the prominence of the cheek, and nearly down to the angle of the jaw.

On the sixth day after his admission M. Maisonneuve inserted nine of the arrows, of about two inches in length, into the circumference of the tumour, directing their points towards its deepest part. Small incisions were previously made through the skin, in order to facilitate their introduction, the patient being under the influence of chloroform. Those points of the arrows which protruded through the mucous membrane were broken off, so that the gums might not be injured by them. The whole was then covered with lint and a bandage, and the patient sent to his bed.

Some slight inflammation, spreading up to the left eye, followed the operation, but it gradually disappeared. On the fourth day the tumour was hard, black, and insensible, and one could just see the bright-red line of separation commencing to circumscribe the dead tissues. The patient suffered a good deal at first, after the operation, but not enough to deprive him of sleep, and there was no disturbance of the system. On the twelfth day after the operation the tumour came away, the sides of the wound presenting very healthy granulations, whilst at the bottom appeared a piece of the lower jaw denuded of its periosteum. The wound, which was conical in shape, was beautifully even, and did not appear nearly so large as might have been anticipated. The patient left the hospital a few days later, and unfortunately I thus lost sight of him.

In the same ward with the patient whose case is briefly related above, was another man, J. C——, sixty years of age, from whom M. Maisonneuve, some time previously, removed the left eyeball and eyelids in a similar manner; this patient being the subject of an extensive carcinoma affecting those tissues. The diseased parts came away in the usual course of time, and at the time I am writing this (July 5th) the patient is in the hospital with the remains of a large wound which has granulated up to the surface.

On the 3rd of May a cancerous growth at the anus was operated upon in a similar manner. The wound has healed up; and in a few days the patient will leave the hospital apparently cured.

The last case upon which I am about to report terminated very unfavourably; for the death of the patient seemed evidently to have been accelerated by the operation. A woman, aged sixty-six years, was admitted last month into the Hôtel Dieu, suffering from an extensive scirrhus, which involved the whole of the left breast, and was also accompanied by some enlarged lymphatic glands in the axilla. The tumour, which was not adherent to the subjacent muscle, was circumscribed, in the usual manner, by twelve of the arrows on the 10th June. On the 14th the patient was evidently in a very precarious condition. She was sitting up in bed and breathing with great difficulty; her respirations were 40 per minute, and her pulse was 120. She said that she had suffered very much, and had consequently slept little during the last four days. On the next day she died. The post-mortem examination revealed extensive cancer of the lungs, and inflammation of those organs and of the pleuræ.

From the official statistics of M. Maisonneuve's operations by the "cautérisation en flèches," it is evident that he has met with marked success in its employment, the proportion of deaths following the operation, and especially of those deaths caused by blood-poisoning, being very small. The tendency of the hospital surgeons in Paris, at the present time, seems to be to the employment of the écraseur, galvanic cauterisation, the actual cautery, or any other mode of operating, rather than to the use of the knife, as the last-named process is so frequently followed by fatal results, owing to the supervention of erysipelas and pyæmia. But until more attention be paid to the state of ventilation of the wards, the isolation of patients whose wounds are of a nature particularly offensive to the surrounding patients, and, above all, to the state of the water-closets and urinals, one can hardly see how the death-rate from these two fearful diseases can be diminished.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCTOBER 5TH, 1870.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

DR. PROTHEROE SMITH exhibited a specimen of Carcinoma of the Uterus, in which the disease was limited to the fundus, the cervix being unimplicated, and the uterus being quite movable.

Dr. PHILLIPS referred to the rarity of this form of cancer, and regretted that he was unable to exhibit a specimen he had hoped to have shown at this meeting, in which the cervix was unimplicated, although there was malignant disease in both ovaries, and secondary deposits in the lungs and bronchial glands, the patient having died from pleuritic effusion. The diagnosis of such cases during life was attended with great difficulty. In his case there was very little vaginal discharge, either sanguineous or leucorrhœal. The uterus was quite movable, and the nature of the disease was not suspected. Dr. Smith's specimen reminded him more of strumous than of cancerous disease of the uterus, although the fact of the Fallopian tubes being unimplicated was rather against this view.

Dr. ROUTH thought that it would be very desirable if, in recording this case in the "Transactions," Dr. Smith would give the *exact* symptoms in detail. It was obvious that, if cancer originating at the fundus was characterised by symptoms as specific as those of fundal endo-metritis, the diagnosis would be much facilitated. Were the glands in the neighbourhood free? Was it the case that in cancer of the fundus there was no extension to the surrounding parts? If so, the question of gastrotomy might be worth entertaining, so as to remove the entire organs excepting the cervix, the diseased ovaries being included, thus giving the patient the best chance of a non-recurrence.

Dr. MARTIN (of Melbourne) read a paper "On a Case of hard Fibrous Tumour of the Ovary removed by Ovariotomy; Recovery, &c." After a description of the history of the patient, the operation, and the progress of the case, Dr. Martin remarked that the interest of the case arose from the great rarity of fibrous tumours of the ovary, as there are scarcely any reliable cases of the kind on record. With reference to the diagnosis, Dr. Martin was of opinion that the use of the sound and the condition of the menstrual function were likely to give us most help.

Mr. SPENCER WELLS said that it was impossible to form an opinion as to the nature of the tumour from the model exhibited; but, looking to the extreme rarity of fibroid tumours of the ovary, and the great frequency of fibroid outgrowths from the uterus, and to the fact that many supposed fibroid tumours of the ovary had turned out on examination to be really uterine, he believed the tumour exhibited by Dr. Martin to be uterine, and not ovarian. And he explained the presence of the right ovary, and the absence of the left, by the probable adhesion of the left ovary to the surface of the tumour.

The PRESIDENT agreed with Mr. Wells in considering the so-called fibroid tumour of the ovary to be really of uterine origin. He congratulated the Society on the fact that in one evening it had had valuable contributions on the subject of ovarian disease from no less than three fellows of the Society residing abroad, and that these contributions had been the means of eliciting discussion of important questions.

Dr. V. SABOIA (of Rio Janeiro) then read a paper "On a Case of Ovarian Disease."

Dr. HODDER, of Toronto, read a paper on a "Case of Ovariotomy." This was a multilocular cyst of the ovary; and the interest of the case arose from the fact of the pedicle, which had been secured by Spencer Wells's clamp, disappearing into the abdomen on the sixth day after the operation, and causing a fatal result.

Mr. SPENCER WELLS did not think this case bore at all against the use of his clamp; but it did impress the important lesson not to remove the clamp too early. In this case it was removed on the fourth day, when the adhesions between the peritoneal coat and the abdominal wall were too recent to be firm. After eight or ten days, when a clamp generally falls off or is held by mere shreds of tissue, the adhesions have become sufficiently firm to prevent the danger of the pedicle slipping inwards.

Dr. COPEMAN, of Norwich, read a paper on "Tumours of the Pelvis obstructing Delivery." After referring to the extreme danger of this form of complicated labour, the author said that it was not so rare as might be thought, and referred to a number of cases that had been collected by Mr. Merriman and others. He then proceeded to relate the particulars of two cases that had come under his own observation. In the first case the tumour occupied the posterior portion of the pelvis. Delivery was effected by turning. The mother died on the third day. In the second case, the tumour, which was hard, firm, and immovable, was attached by a broad base to the left side of the pelvis. This case was also delivered by turning, but with extreme difficulty on account of the size of the tumour. The patient made a good recovery. With regard to treatment in cases of this kind, Dr. Copeman remarked that he would recommend puncture of the tumour, but only when it could be ascertained that the contents were semi-fluid or soft enough to be partially evacuated. In other cases he considered turning to be the preferable practice.

The PRESIDENT said that all would admire the courage and perseverance which brought about so successful a result in the second case described. He thought that Dr. Copeman had, probably unintentionally, omitted mention of a method of treatment of such cases sometimes applicable—viz., the pushing of the obstructing tumour out of the pelvis, and thus allowing of the descent of the head.

Dr. PLAYFAIR said that Dr. Copeman had not alluded to what was the chief cause of danger in labour complicated by tumour. In 1867, he (Dr. Playfair) had read a paper before this Society, "On the Treatment of Labour complicated by Ovarian Tumour," in which he had collected the details of all the cases of this complication he could meet with, amounting to 57 in all. Of these 13 had been left to nature—that is, the tumour had been sufficiently small to admit of the child being squeezed past it. Of these 13 cases, close upon one-half had proved fatal to the mother. In favourable contrast were the 9 cases in which the tumour had been punctured, and in which, therefore, the tumour had collapsed, and had not been subjected to pressure; since every one of them had terminated favourably. The explanation of the great mortality in the former case was no doubt the contusion and pressure to which the tumours had been subjected, which set up a low form of diffuse peritonitis. Possibly this may have been the cause of death in the first of Dr. Copeman's cases. The inference from these facts seemed undoubtedly to be that by far the best way of treating such cases is to puncture the tumours when they have fluid contents, and this even if there seems room for the child to pass; and even in cases where the tumour seems solid, an exploratory puncture should be made before anything more formidable is done, as tumours apparently solid have often been found to contain fluid.

Dr. PROTHEROE SMITH said that the opinion expressed by Dr. Playfair was of great practical value, as it was frequently found that tumours obstructing delivery were cystic, or subfascial deposits of serum, blood, or pus; and, in such cases, he recommended the puncture of the tumour by means of his needle trocar. In a case lately operated on in the Hospital for Women he had evacuated by means of it almost an ounce of thick pus from a tumour, the size of an orange, growing from the back wall of the vagina, in a patient in the sixth month of utero-gestation. The operation was only like the prick of a pin, and required no after-treatment.

Dr. BARNES said that each case must be dealt with according to its individual features. We had to consider the size, position, structure, attachments, and firmness of the tumour, and its relations to the child. If the tumour is movable, and can be pushed out of the way, by all means do it; but in many cases this is impossible. We must then ascertain if it contains fluid, and, if so, lessen its bulk; or possibly the tumour may admit of being removed altogether. To obviate the great danger to which Dr. Playfair had referred, that of crushing the tumour by the passage of the child, it was necessary, when you could not reduce the tumour, to reduce the bulk of the child; and in extreme cases one might be driven as a last resource to the Cæsarean section. He had recently seen a case where a woman died of septicæmia, the

result of the bruising of the tumour against the walls of the pelvis.

Dr. MUDGE said that he had attended a case where a large fibrous tumour had prevented the descent of the child's head. It was first punctured, and then, with great difficulty, pushed above the brim. The patient afterwards died of peritonitis, the seat of puncture showing signs of having been the starting-point of the disease. He mentioned this as an argument against its too free employment.

Mr. LOWE, of Burton-on-Trent, read a paper "On a Case of Hæmorrhage from Retained Placenta after Abortion." This was a case of profuse hæmorrhage from a portion of placenta retained for several weeks after abortion. It was successfully removed, but the patient sank with symptoms indicative of septicæmia. The author dwelt at some length on the extreme importance of procuring the extrusion of all the secundines in cases of abortion, and pointed out the dangers likely to arise from retention.

The PRESIDENT thought that in cases of abortion little doubt was now entertained as to the expediency of removing the secundines as soon as possible, with the view of preventing various disasters. As a matter of fact, he had found retention of the secundines usually associated in such cases with a marked flexion of the uterus, which condition both caused the abortion and interfered with its completion.

Dr. WYNN WILLIAMS said that in cases in which portions of the membranes were retained, the injection of the uterine cavity with some antiseptic fluid, such as Condy's fluid, or a weak solution of iodine (the latter of which he himself preferred), was strongly to be recommended.

Dr. PLAYFAIR said that he could not agree with Mr. Lowe's statement that retention of a portion of the secundines was most likely to take place in the first two months; indeed, he believed that this was directly opposed to facts, and that in the first two months the ovum was most likely to be expelled entire, and that retention was most likely to occur in the third and fourth months, when the adhesions of the chorion were most intimate and extensive.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCT. 14TH.

MR. PAGET, PRESIDENT, IN THE CHAIR.

THERE was no introductory address at the opening of this the fourth session of the Society.

Mr. SPENCER WATSON read the "Reports of Four Cases of Parenchymatous Keratitis, associated with Acute Rheumatism." The patients were young adults, all under nineteen years of age. Both corneæ were affected, and the symptoms and appearances were not distinguishable from those of parenchymatous keratitis due to inherited syphilis. Out of a series of cases, extending over the last ten years, Mr. Watson had only observed acute rheumatism in association with parenchymatous keratitis in these four; but he suggested that in some others of the series this complication may have itself cut short the observations, by preventing the attendance of the patients at the Ophthalmic Hospital. From these cases it was conjectured that the interstitial keratitis of inherited syphilis may be allied to rheumatic inflammation, and may possibly yield to treatment such as is beneficial in the latter disease. Two of the patients, whose cases were related, were exhibited to the Society. In one the attack of keratitis had occurred eight years ago. It was found in this case that the young woman had become myopic since, and most probably in consequence of the attack.

Mr. BRUDENELL CARTER commenced the discussion by asking Mr. Watson several questions relative to the cause of the disease.

Mr. CROFT remarked that the whole subject required more extended consideration, and briefly related cases of the disease which had been treated with iodide of potassium, with various but altogether favourable results. The author replied very briefly.

Dr. JOHN HARLEY read a paper on "Injury to the Liver resulting in Abscess; rupture on the 14th day, diffuse peritonitis; formation of a second abscess opening into the colon on the 25th day; interrupted discharge of pus by the large intestine until the 112th day; and complete recovery." The patient, aged sixty-nine, was, by the fall of his horse, thrown forwards upon the brass turrets of his horse's pad, thus bruising the epigastric region. An inflammatory tumour, exquisitely painful, formed just above and to the *right* of the umbilicus. On moving in bed this suddenly disappeared, followed by collapse, and subsequently general peritonitis. In a few days the peritonitis became circumscribed, and the pain and swelling limited to the *left* side of the umbilical region, where there was evidence of formation of a second abscess. This also suddenly disappeared, with dangerous collapse and the evacuation of pus by the rectum. Marked colic symptoms, showing lesion of the bowel, preceded this second rupture. From time to time there was retention of the purulent discharge and hectic, but ultimately a free passage was maintained, the appetite returned, and the patient made so complete a recovery that, at the end of seven months from the time of the accident, he was able to ride and follow his professional work, and he has since (for the last eighteen months) enjoyed perfect health. The author considered that the left lobe of the liver was bruised or lacerated by the accident; that an abscess formed which pointed partly towards the right hypochondrium, and partly within the small omental sac behind the stomach; that rupture occurred in the latter situation, the pus escaping into the small omental sac, and then, finding its way through the upper layer of the transverse meso-colon, passed further downwards between its layers, forming a second abscess by the side of the descending colon. This, in its turn, caused inflammation and rupture of the contiguous wall of the large intestine, and thus the pus was liberated and carried out of the body. Hectic and jaundice attended the retention of the discharge.

Dr. OGLE read a case of Tetanus. The patient, a healthy boy, got a bruise on the thumb. Three days afterwards he complained of stiff-neck, and vomited, and shortly afterwards became affected by opisthotonos. On the fifth day after the injury he was admitted into St. George's Hospital in a state of tetanus. He was put fully under the influence of belladonna; ice was constantly kept applied to the spine, and chloral was given at night to induce sleep. It was noticed that at no time did the sardonic smile exist, and there was never any trismus or (except on one day) difficulty in swallowing liquid food, such as wine, brandy, beef-tea, and beaten-up eggs. In this case the temperature and pulse were registered twice a day; and it was noticeable that almost throughout the patient's stay in the hospital the temperature was higher in the evening than in the morning, on one day reaching 102·3°. About the fourteenth day after the injury the tetanic symptoms began to abate, and by degrees the belladonna and the chloral were discontinued, and also the application of ice to the spine. After about a month from the accident the patient left the hospital quite well, and has so continued ever since. Dr. Ogle suggested that possibly the examination of numbers of cases of tetanus might show that the temperature always increased in the evening, and that this fact might have value in diagnosing true tetanus from certain cases of affections of the spinal cord and its membranes, certain cases of hysteria, and strychnia and other poisoning. Dr. Ogle believed that the highest temperature arrived at in tetanus was recorded by Wunderlich, who described it as being 108° shortly before death; 112·55° at death; and 113·56° after death. He also alluded to a case of tetanus in which, after the attack, the patient was subject to great irregularity of the heart's action, with much discomfort and palpitation on exertion, as if the mechanism of the organ had been injured in some violent muscular effort.

This subject caused considerable discussion, Mr. CROFT commencing it by ingeniously dividing tetanus into two classes: one in which patients died, and the other in which they recovered. He professed scepticism as to the use of belladonna exclusively, but remarked, in a subsequent stage of the discussion, that he had treated cases of this disease with the hydrate of chloral (and with nothing else), with apparently good effect.

Dr. HARLEY required evidence as to the irregularity of the heart's action in the case related by the author; and attributed the favourable results of the belladonna treatment to the toxic effects of that drug.

CHUNDER ROY continued the discussion by saying that, according to experiences gleaned at Calcutta, he had come

to the conclusion that in cases of tetanus death always occurred if the muscles of deglutition were affected; but in the absence of this symptom, the prognosis might be favourable; that, in consequence, symptoms only were treated; that Indian hemp and opium smoking were most commonly used (the latter not, in these cases, producing constipation), and that the general result proved the opium treatment to be the best.

Dr. Barclay quoted Dr. Fuller as to the advantage of belladonna in the treatment of cases of chorea, and said that with children it might be given advantageously in very large doses.

The Chairman recapitulated his experience as to cases of tetanus, the gist of which was that all drugs hitherto exhibited produced little or no appreciable effect. Of the cases which resulted in recovery, one was that of a boy in which nothing was done, another in which oxygen gas was employed continuously, and two others in which chloroform and other drugs were used. He also made some remarks as to treatment by Calabar bean, which were challenged by Dr. Anstie.

Further observations were made by Dr. Broadbent and Mr. Croft; and Dr. Ogle closed the discussion by explaining his own ideas as to the physiological action of belladonna in cases of the kind under discussion.

Reviews and Notices of Books.

On the Etiology and Prevalence of Diseases of the Heart among Soldiers. The Alexander Prize Essay. By Arthur B. R. Myers, Assistant-Surgeon, Coldstream Guards. London: Churchill and Sons. 1870.

This little work, which gained the Alexander Prize, merits the general and special attention of all engaged in the public services at home and abroad. It is worthy of general attention because it contains many things that are true, though not new, and many facts carefully and concisely compiled. It is worthy of special attention because the author has laid his opinions as to the cause and remedy of heart disease in the army fairly before the public, thus giving an opportunity for full and free discussion.

Mr. Myers commences by recording the prevalence of such diseases in the army as compared with other classes of the population, and gives categorical reasons to show that correct statistical comparisons cannot be made between soldiers and civilians of any country as to these diseases. It appears, according to tables quoted, that, of the total number of recruits examined annually, from 19 to 25 per 1000 are rejected for heart diseases; that between 1863 and 1869, 1635 invalids were admitted into Netley Hospital, from foreign stations, suffering from this malady, 1322 of whom were discharged the service. Statistics are given with a view to prove that the navy and mercantile marine lose from this cause much fewer even than the army; and the author has taken great pains to recapitulate all the evidence already adduced to show that cardiac affections of various kinds do exist among our soldiers in a very marked degree; and, as might be anticipated, clothing is given as the cause thereof. Constriction of the neck, chest, and shoulders tends to act injuriously; and the dress of the soldier is criticised with the view of showing that almost every article worn is objectionable and deleterious to health. In the Austrian army the constriction of the neck is avoided by the collar being made loose and turned down, the neck being protected by a neckcloth. In the Prussian army, it is said, on the authority of Dr. Münnich, that there is a general order for the collar to be unhooked during the march. The author explains *in extenso* how and why the dress of the soldier is hurtful, subscribes energetically to the usefulness of the sphygmograph, and gives copious extracts from the chief authorities on thoracic diseases. A general summary contains the opinion, "that there is one special cause of heart disease in our army now clearly laid down by those who have most studied the subject—viz., the prejudicial constriction of the uniform and accoutrements, this producing such obstruction to the circulation that, either directly or indirectly—as by aneurism and disease of the aortic coats, &c.,—the heart is abnormally strained, and frequently passes into a state of functional derangement, and ultimately of organic disease."

This subject has already been many times discussed in our columns, and were we to include all that might be said on it we should require a very considerable amount of space. With the aim of preventing any misconception, let us, first of all, declare our belief that the present pack and dress, impairing as they do the movements of the chest, and embarrassing the action of the heart and lungs, have a good deal to do with the prevalence of this class of diseases among soldiers. That this is the only cause, however, we doubt. That it is the main factor in operation may be true—indeed, we believe it is true; but this does not seem to us to have been positively demonstrated. There are many difficulties in the way of getting at the facts. A comparison of statistics between the civil and the military classes cannot be made, because exact statistics do not exist; and, if they did, the lives and duties of the two are so different as to afford to our minds no scientific basis of comparison. The Metropolitan Police and the regiments of Guards might perhaps be fairly compared; but the numbers included in the statistics of the former are too few to justify a conclusion, although we agree with Mr. Myers that the excess of heart disease in the Foot Guards is significant. The superior facilities for resigning the service which the police possess must not be forgotten. A man feeling himself unequal to, or physically unfit for, the duties, would leave the force; but the soldier cannot leave the army under similar circumstances. At pp. 19-20, we have a table of the relative extent of heart disease and consumption in the army and in the civil population. The table gives the ratio of admissions and deaths in the army during 1866, and the ratio of *deaths* only in the civil population, and therefore it is a *non sequitur* to say that, in the latter, *diseases* of the circulatory system are only between a third and fourth as frequent as tubercular diseases. At page 22 the author says, in reference to the doubtful nature of the diseases included under "carditis," and "morbus cordis," "It is not necessary for me to make more than a passing comment"; but we do not find that he has made the comment! The injurious pressure exercised by the pack, with its straps, the tight tunic and waist-belt, on the yielding parietes of the chest of the immature soldier, and its effect of destroying the equilibrium between the action of the heart and lungs, especially during periods of great muscular exertion, must be obvious on purely mechanical grounds.

The constriction of the neck by the fastening of the tunic collar we should imagine would primarily rather tend to impede the downward flow of blood through the veins from the head and scalp, than the upward current through the large vessels to these parts. Still, if the antero-posterior compression—caused by the knapsack, when strapped on, drawing the tunic backwards—were at all great, it would no doubt also impede the circulation through the carotids.

We much question whether many of the cases classified by medical officers as hypertrophy of the heart be so in reality. We are now alluding to those cases in which there is an excited, strong, irritable cardiac action, without murmur, or evidence of peri- or endo-cardial mischief. Examples of this affection are as common among soldiers as they are difficult of treatment; indeed, they baffle all attempts at successful treatment. Some of them appear to be connected with a dis-

ordered innervation, and others are attributable to exertions on march or parade when the soldier's chest is compressed by his clothing and accoutrements. We think that the use of tobacco, alcohol, and the exposure to the evils and vices of a barrack life, have much to do with the production of this form of disease. In the cases narrated at page 61, we do not think it proved that the hypertrophy was induced by some abnormal obstruction to the circulation, and that the valve disease was secondary to it; but assuming the probability of this order of events, the paragraph (page 62) which follows in position scarcely follows as an inference.

The pathology of aneurism in young soldiers has yet to be worked out. It is often quite unconnected with the pre-existing atheromatous degeneration; rather it appears to us that it is an acute process, originating in some abnormal distension of the coats of the vessel, which is followed by an inflammatory softening.

The mortality from diseases of the circulatory system is different in all branches of the service; it is highest in the Coast Brigade of the Royal Artillery, and lowest in the Household Cavalry. The Infantry depôt battalions show the highest amount of invaliding from this cause. In the latter are probably included a considerable number of those cases of "irritable heart" which render the sufferers unfit for service from their liability to palpitation on exertion. With the men of the Coast Brigade we get the influence of age and previous foreign service. They do not wear packs, but they are generally old soldiers who have done so, and who have performed duties as artillerymen, calling for great muscular exertion.

We cannot, however, conclude without congratulating Mr. Myers on having won the "Alexander Prize." He has been at great pains, and has succeeded in writing an excellent essay in a smart, clear style.

OUR LIBRARY TABLE.

A Manual of Instruction for Attendants on Sick and Wounded in War. Illustrated with numerous Woodcuts. By Staff Assistant-Surgeon A. MOFFITT, Instructor of the Army Hospital Corps, Royal Victoria Hospital, Netley. London: Griffin and Co. 1870.—This manual affords a good deal of useful information, and its publication, under the sanction of the "National Society for Aid to the Sick and Wounded," is very opportune at the present time, when so many are proceeding to, or already engaged at, the seat of war, in the treatment of sick and wounded soldiers. The chapters on the transport of patients are clearly written, and embrace a description, interspersed with practical hints, of all the methods in use, by improvised plans, stretchers, litters, cacolets, ambulance waggons, and railway. The information in the appendix bearing on the uses and management of the field hospital equipment of our own army will be serviceable to military attendants on the wounded. The way to set about pitching a hospital marquee, for example, is not known to everyone. In the chapter on bandages and bandaging we do not find any description of the way of making a plaster-of-Paris bandage so much in vogue in Germany. Some of the plates are bad—Figs. 11, 12, and 17, for instance; the toes and fingers exposed at the ends of the bandage look as if they were black from mortification, and the owner of the bandaged leg and thigh could not be complimented on the beauty of his limb. However, these are very trifling matters, and the book will serve a very good purpose we have no doubt.

The Westminster Review. New Series. No. LXXVI. October, 1870. London: Trübner and Co.—This is one of the quarterlies which generally contains papers on scientific, social, or medico-political matters of more or less interest to the medical profession. In the section on Contemporary Literature only about two pages are devoted on the present occasion to the notice of scientific works. The third article, founded on the Report of the Committee of the House of Commons on Local Taxation, is headed "A Practical Remedy for the Pressure of Local Taxation," arising from the execution of sanitary works; and the sixth is upon the Scottish Poor Law. Both these are subjects of interest to members of our profession; and we may probably refer to them hereafter. The *Westminster* for this quarter is, however, scarcely equal to some of its predecessors.

Quarterly Journal of Microscopical Science. Edited by EDWIN LANKESTER, M.D., and E. RAY LANKESTER, B.A. New Series; No. XL. October, 1870. Churchill and Sons.—The papers included in this number are: "Observations on the Histology of the Eye," by J. W. Hulke, the present series being occupied with the consideration of the apparatus of accommodation, the coats of the eyeball, and the optic nerve. 2. A very good paper by Mr. Thistelton Dyer, on Spontaneous Generation and Evolution, essentially a criticism on Dr. Bastian's recent essay in *Nature*, in which the author endeavours to point out the difficulties in the way of a reconciliation between spontaneous generation and the principle of evolution. 3. The next is a special report of Mr. Huxley's address to the Biological Section of the British Association at Liverpool, on the relation of Penicillium, Torula, and Bacterium. In this Mr. Huxley describes two kinds of movements in bacteria, of which he regards one as molecular or Brownian, the second as vital. 4. An account of a new method of studying the Capillary Circulation in Mammals, by Dr. S. Stricker and Dr. Burdon Sanderson—viz., in the omentum of a chloralised guinea-pig with Hartusack's immersion lenses. 5. An essay by Dr. Ranvier, on the Cellular Elements of Tendons and Connective Tissue. 6. A report by Lieutenant-Colonel J. Woodward, Assist.-Surg. U.S., on certain points connected with the Histology of the minute Bloodvessels, especially in reference to their epithelial lining. 7. A paper by Saville Kent on two new genera of Alcyonoid Corals; and some remarks on the Colouring Matter of the Blood, by Mr. Sorby and Mr. Lankester; besides reviews, &c.—a sufficiently varied and interesting number.

The Medical Times. A semi-monthly journal of Medical and Surgical Science. No. 1. October, 1870. Philadelphia: J. B. Lippincott and Co. London: Trübner and Co.—Philadelphia is the oldest seat as well as one of the chief centres of medical teaching on the American continent. The city possesses several large hospitals. It contains a great number of resident medical men, many of whom are well known as zealous workers in medical science. In April last a meeting of over 100 of the most eminent and active members of the profession took place, when it was determined to start the publication of which this is the first number. The list of names of those who have promised to aid the undertaking by their contributions is a very good one, and altogether the *Medical Times* promises well. The first number leads off with a practical lecture on the Treatment of Strangulated Hernia, by our distinguished friend Professor Gross; a clinical lecture on a case of Dilatation of the Veins of the Trunk and Arms, by Dr. Stillé; original papers on Excision of the Os Calcis, and other subjects; with reviews, notes of hospital practice, and the Transactions of Medical Societies.

The Theory of Practice. An Ethical Inquiry, in Two Books. By SHADWORTH H. HODGSON. Two Volumes. Longman and Co. 1870.—This is not a book on the theory or practice of medicine, but upon metaphysical subjects. The late Sydney Smith had the faculty of "tearing the heart out of a book," as it is termed. He recommended somebody's travels

to someone, remarking that he could get through them very well at breakfast. The travels were contained in we don't know how many volumes. Now there is not the slightest good in attempting to read this work after that fashion, for it contains a week's reading at least, and a reviewer must be prepared to give another week to reflection, and bring to the task a wide knowledge of metaphysical science besides, before he can attempt to write a critique upon it. Those who are prepared to devote time and study—for the work requires studying, not reading simply—to Mr. Hodgson's volumes, will be repaid. The author is both a close thinker and a clear writer.

REPORTS
ON
SEWAGE IRRIGATION.

No. II.

THE second allegation made against sewage irrigation is, that it converts the irrigated land into a noisome swamp, which is destructive of the public health. This opinion—for, indeed, it scarcely rests upon any definite or well-authenticated facts—is also supported by the eminent authorities before named. Mr. Hawksley states that water irrigation in the neighbourhood of Pavia, and in all places where it is extensively employed, gives rise to the production of a feeble and decrepit population; and that sewage irrigation must, *a fortiori*, be much more deleterious. He says that the more the sewage is spread, the greater will be the extent of the nuisance created. He points to Birmingham as an example, and says that property has been depreciated in value in the neighbourhood of the sewaged land. Dr. Letheby states that wherever he has seen an irrigation system in operation, the soil was sodden with excrementitious matters, and constantly giving off effluvia, which produced disease. It is well known, he says, that typhoid fever is entirely produced by sewage gas; and he draws a fearful picture of the dangers which would attend sewage irrigation if it were generally adopted.

Now the arguments of Mr. Hawksley are easily disposed of. It is clear that the irrigated districts of Italy upon which rice is produced are altogether different in character from anything which could or does obtain in England, and the emanations from these rice-fields do not cause typhoid, but ague and remittent fevers. They are genuine swamps, and under the heat of an Italian sun they produce malaria, which, if not offensive to the smell, are yet of a nature which is extremely deleterious to the health of those who live near them. But there is not a particle of evidence to show that any such diseases have appeared on sewage farms in this country; indeed, we should insult the understandings of our readers by arguing the point. It is typhoid fever, if anything, that we have to fear; and it is incumbent upon the objectors to show that its prevalence is constant among the residents near sewage farms. This has not been done. The wild statements of Mr. Creasy, of Croydon, have been already disposed of by Dr. Carpenter and Mr. Baldwin Latham; whilst there are numerous instances in which men have been continually engaged on sewage irrigation without any impairment of their health. Nevertheless, it may still be granted that sewage irrigation ought to be put down by law if it be impossible to carry it on without converting the country into a noisome swamp.

And here, again, it is necessary to observe that it is no argument that such swamps have in any case resulted from sewage irrigation. Let us grant that the Craigintinny meadows do emit an abominable stench, and that the sewage is not purified, does this prove that sewage irrigation must of necessity be abominable and wrong? Certainly not. In the first place, the sewers of Edinburgh are badly constructed. Immense deposits take place in them and in the numerous cesspools which are from time to time swept out, and these deposits decompose, and emit an offensive odour. Moreover, the object of those meadows is not to purify the sewage, but to obtain a heavy crop of rye grass. No sanitary conditions are observed. The carriers are loaded with decomposing filth, and more sewage is poured over the land than it can properly absorb. No wonder that it stinks; and the marvel is that fever does not arise. Dr. Christison states that his prejudices were all against these meadows, but that he has been compelled to surrender them. "I am satisfied," says he, "that neither typhus, nor enteric fever, nor dysentery, nor cholera, is to be encountered in or around them, whether in epidemic or non-epidemic seasons, more than in any other agricultural district in the neighbourhood." Dr. Littlejohn, who was also prejudiced against the meadows, has not been able to connect any disease with them as a cause; and Dr. Lighterwood, who complains of their sickening stench, says that the men in the neighbouring barracks have been unusually healthy, and that all the evil might be remedied if the sewage were conveyed to the fields in covered ways.

Or take the case of Birmingham. It is impossible to conceive a more inefficient or unwholesome system. The sewage of the town is loaded with the *débris* of the roads, foul with the sweepings of imperfect drains and privies. It is collected in huge subsidence tanks, and it is only within the last two years that an attempt has been made to irrigate with the effluent sewage, which is still offensive. The solid matters are removed weekly from the tanks, and stored in open cesspools of some acres in extent. This mud ferments, and dries, emitting a disgusting stench. Houses for miles round were evacuated by all who could afford to live elsewhere, and this before a single yard of land was under irrigation. The experiment also has been absurdly incomplete. Of what use are 150 acres for the reception of the sewage from 80,000 people? 1000 acres would not be too much. It is no wonder that the attempt has failed; but the principle of irrigation cannot be blamed. Even at Croydon the authorities are adding to their land. They admit to some extent their failure, simply on account of the insufficiency of the area employed. It is significant, however, that those with the longest experience have the greatest confidence in going on.

And now as to the state of Aldershot. It appears from the evidence given before the House of Lords' Committee, that Dr. Letheby, Mr. Hawksley, and some other gentlemen went down unexpectedly to Aldershot one Sunday morning, and the result of that visit has been published in a contemporary from Dr. Letheby's notes, as well as in the Reports of the Parliamentary Committees. That there may be no mistake, we quote the article in question, which states that "the sewage flowed into the neighbouring ditches and ponds, and thus rendered the place a stinking swamp. Most of the sewage, at the time of our visit, was running from the farm across the road, and either going at once into the Blackwater stream, or running upon the meadows behind the houses. At the places where the sewage was running into the Blackwater stream the bed of the river was silted up with the solid matters of sewage, and rendered most foul and offensive. Samples of the sewage (No. 1) were taken from the head of the farm as it came from the camp, and (No. 2) after it had been strained, and (Nos. 3, 4, 5, and 6) as it was flowing from the farm to the Blackwater stream from four of the outfalls. A sample

of the Blackwater stream (No. 7) was also taken, immediately before the entrance of the foul sewage water from the farm into it, and the following are the results of the analysis of the several samples:—

CONSTITUENTS PER GALL.	No. 1.	No. 2.	No. 3.	No. 4.	No. 5.	No. 6.	No. 7.
	Grs.	Grs.	Grs.	Grs.	Grs.	Grs.	Grs.
Solid matter in solution ...	53·93	53·73	51·67	52·47	58·20	54·13	18·93
Chloride of Sodium ...	14·92	15·36	16·98	17·08	24·01	20·64	4·12
Organic matter	30·01	31·70	27·89	24·21	20·69	22·10	3·56
Ammonia...	7·54	7·54	6·40	6·40	5·04	5·12	0·18
Ditto Organic...	0·94	0·94	0·56	0·64	0·48	0·48	0·08
Nitrogen as Nitrates, &c.	0·00	0·00	0·00	0·00	0·00	0·00	0·26
Oxygen required to oxidise	4·38	4·40	4·20	3·81	3·30	3·61	0·35
Matters in suspension ...	43·77	35·01	3·84	25·91	6·14	4·80	2·68
Organic matter	29·75	26·24	2·18	12·28	1·98	3·22	0·69
Mineral ditto	14·02	8·77	1·66	13·63	4·16	1·58	1·99

"These results show that the so-called purification of the sewage by irrigation was merely a pretence, for the soluble constituents of the sewage were but little improved by the process, the organic matter of the effluent water being still over twenty grains per gallon, and the amounts of suspended matters also considerable. In a sanitary point of view, therefore, the process was highly unsatisfactory, for not only was the sodden sewage ground evolving a most offensive odour, which the inhabitants said was sometimes most sickening, but the effluent water was still a strong sewage, polluting the ditches and watercourses to such a degree as to render them a most serious and dangerous nuisance."

Now it will appear to the most casual readers of the above that at the time of Dr. Letheby's visit none of the sewage was passing over the farm land, but from some cause or other was absolutely running away direct from the carriers into the river Blackwater. This is confirmed by the analyses 1 to 5 inclusive, which show just such an amount of alteration as would result from the sewage running some distance in the ditches. It appears to us impossible to bring forward these analyses as evidence against sewage irrigation, because the sewage analysed had not been submitted to it for a single moment; indeed, it is for Dr. Letheby to explain why they were produced at all.

It is evident that something wrong was going on at the time of Dr. Letheby's visit. The sewage was even running over the public road, and it is ridiculous to suppose that this would be allowed as a constancy. But these gentlemen do not appear to have made inquiries on the point, and it subsequently came out that the farm bailiff had given the sewage to a neighbour for the day, and that this neighbour had permitted it to run to waste. The effluent water which runs from the drains of this farm, and during fine weather, only when the part drained is under irrigation, is as bright and pure as spring water. The analysis by Mr. Abel shows distinctly that it is practically free from organic matter, the whole of which has either been removed or converted into harmless nitrates. For months past the people of the neighbourhood have used this very water for domestic purposes without any ill result.

Nor is the farm a swamp. So convinced is Mr. Blackburn of the insufficient bulk of sewage, and the difficulty of preserving his land in a proper state of moisture, that he is at this moment making arrangements to double the amount by pumping from an open watercourse into his sewage tank; indeed, the merest inspection of the vegetation on the farm proves that it is, and has been, suffering from drought, notwithstanding the large quantity of sewage running over it from day to day.

We must place the statement that there are large quantities of undecomposed fæcal matter on the surface of the farm in the same category with others which were made. It was said, for example, that sewage-grown potatoes would not keep; and it was shown that they had been got up in frost, when no potatoes keep. It was said that there were military orders against the use of the farm produce in the camp, and yet the existence of any such order was disproved; whilst, on the contrary, it was shown that nearly the whole of the farm produce was consumed there.

The real facts should be known; they have been attested by the visits of many hundred persons. The farm is a marvel of success. The small portions under irrigation do not amount to an acre at a time. There is absolutely no offensive smell. The large solids of the sewage are effectually removed. And there are crops of the most varied character; including rye-grass, cabbages, French beans, turnips, carrots, cauliflowers, rhubarb, celery, strawberries, &c., too numerous to mention. Neither the river Blackwater nor the ditches near it are fouled by an ounce of sewage from the farm. The proprietor is much too sensible of the value of sewage to let it willingly run to waste. He has spent large sums in making this farm what it is by levelling the surface, breaking up the subsoil, and putting in sufficient drains. And all this for the purpose of extracting manurial matters from the sewage. He would soon be ruined if it often ran to waste, as Dr. Letheby has described. No; the river Blackwater and the ditches derive their pollution from the town of Aldershot. The river is in a filthy state long before it reaches the neighbourhood of the camp farm, and an injunction has been obtained against the townspeople.

But, in the next place, it is to be observed that the problem of sewage irrigation has hitherto been falsely entertained. Borne down by the force of Chancery proceedings, the sole idea present in the minds of the authorities has been the curing of the nuisance of polluted streams. The sewage had to be dealt with, and there was a prospect of profit by applying it to land. But land was obtained with difficulty. Landlords objected to the creation of what they felt sure must be an abominable nuisance; and the result has too often been extremely damaging to the progress of well-conducted irrigation. Instead of trying to ascertain how small an area of land is necessary for the purification of a huge amount of sewage, the real problem is, as stated by Mr. Blackburn, of Aldershot, what is the largest amount of land upon which the smallest amount of sewage can be used with the largest results and profit? The economical question and the sanitary question are necessarily the same. A sewage-logged farm can neither be wholesome nor productive, nor will it in the long run pay. The supply of sewage must not be greater than can be used profitably. It must not be permitted to accumulate beyond a certain point. But who can at present say where the limit lies? Mr. Blackburn, at Aldershot, states that he knows of no limit; but on other kinds of land it may be otherwise. One crop, it may be, will take tons of sewage where others will not require a pound. Indeed, at present all has to be learned. But in sanctioning compulsory irrigation, Parliament has not acted without having before it sufficient evidence on this important point. The evidence was overwhelming. There is absolutely no effluvium at Bedford, though even there the sewage is not as free from decomposition as it might be; indeed, this is one of the main difficulties to be overcome. But so perfect is the deodorisation produced by contact with the soil, that it is impossible to detect any offensive smell when the sewage has sunk in; whilst the effluent water is as bright as crystal, and the vegetation on the banks of the effluent brook that of the purest stream. Had Mr. Hawksley been a farmer he would have known how difficult it is to swamp a well-drained farm. At Aldershot, Romford, and Bedford, we have inspected the process. On the average, from two to five per cent. of the land is under irrigation at one time; and it is found not desirable or profitable to irrigate the same land more than 20 days out of the 365, and not more than 12 when it is of the best quality of loam. It takes 1000 tons of sewage to saturate an acre of moderately open soil to the depth of five inches, and if the subsoil drainage is only three feet deep, and it should be six or eight, there is ample time for perfect purification before a single drop escapes. If the effect of placing a few shovelfuls of dry earth be to remove the smell from the most offensive excrement, surely the thousands of tons of soil will do so perfectly when the operation is reversed. The fact is, farmers must be taught to irrigate properly, and not to swamp their land, and when landlords know their interests they will be glad enough to take the advantages which sewage will undoubtedly bestow upon them. The objection is not tenable. There is no occasion whatever to make a noisome swamp, and there is no evidence that properly conducted sewage farms are in any way destructive of the public health.

SEVEN Teuto-American surgeons have arrived at Saarbrück, from the United States, to offer their services to the German authorities.

THE LANCET.

LONDON: SATURDAY, OCTOBER 22, 1870.

THE relation of pharmacy to medical practice is not a point that can be disposed of in a slight way. The subject is one of very great importance, affecting the health of the public, the dignity of the medical profession, and the interest of a large and respectable class of tradesmen. It is with a sincere respect to all these ends that we again allude to the question in the light of the letters which have appeared in our columns. One of our correspondents would hamper us in this discussion by a kind of objection which we think very much out of place. He has always understood that the professional code of ethics did not permit one medical man to call in question the charges of another. He thinks it quite as unnecessary to call in question the charges of pharmacists. To raise an objection of this kind to the discussion by medical men of druggists' charges is to be frivolous and unpractical in regard to a serious question. The price which any man chooses to set upon his own opinion and judgment is one thing. The price which a man sets upon his drugs is another. The one is an affair of great delicacy; though even in regard to it we are not aware of anything in medical ethics which prevents its discussion, or places it beyond reasonable criticism. The other is a question of trade and some technical knowledge. In the one case the service in demand is a personal one; in the other, it is the supply of an article the price of which and of the preparation of which can be exactly defined. We cannot be accused of any want of respect to pharmaceutical science. But we hope it is possible for chemists to pass pharmaceutical examinations without forgetting the intrinsic value of drugs, and of any knowledge of the modes of preparing them which they may acquire. Otherwise, we are only confirmed in the opinion that any extensive change in the present practice of medical men of dispensing their own drugs is more and more impracticable.

We are of opinion that the drug trade is not only artificially, but injuriously, restricted by the prices of druggists. Many people fancy that drugs have such a doubtful influence that if they were swept from the face of the earth, or rendered entirely unprocurable by their scarcity, good rather than evil would be the consequence. We do not share this opinion. On the contrary, we hold drugs in the highest esteem when used intelligently. And they should be supplied at the lowest prices consistently with their own nature and cost. Instead of being a luxury of the rich, they ought to be, by some means or other, within the reach of the poorest. We are not afraid of saying—though it may sound odd to say so nowadays—that people do not take enough medicine. We need scarcely qualify this statement for ingenuous readers. We do not mean by medicine what used to be meant—drastic purgatives,—but medicines which relieve pain; medicines which antagonise a faulty diathesis; medicines which give comfort and strength. Concerning these it is surely true that they are beyond the reach of the respectable poorer classes. The very poor get them, or may get them, of good quality and in continuous supply, gratuitously, at a public dispensary or hospital. But the people who believe in paying for all that they receive, and refuse to pauperise themselves, go without a proper supply of drugs. They will go on for weeks with a nerve-pain that might be removed by a course of quinine; or their children will go about for months with a swelled gland, or a strumous ophthalmia, or a chronic eczema, that would be easily eradicated by a proper supply of cod-liver oil, or steel wine, with or without arsenic. If all our present notions of the value of cod-liver oil are not a delusion, it is painful to think of the good that is not done that might be done if this medicine were supplied as cheaply as it might be to people on or before the first manifestation of any tubercular tendencies. In view of the evil that accrues from an inadequate supply of the valuable drugs of the modern materia medica, the practice of certain States of fixing the price of drugs is not at all unreasonable, and the overcharge for them is only a less evil than an overcharge for bread or meat. And if the high price of drugs is injurious to the public, and hinders it from a proper supply of them, it is equally an injury to the druggist. These are not the days for little work and high charges; but for plenty of work and moderate profits. And there is no branch of business in which a larger harvest awaits the application of this principle than the dispensing trade.

The essential things are two: first, that drugs be taken only upon medical advice; and secondly, that, when so prescribed, they shall be easily procurable, good in quality, and well prepared. Now there has been no attempt to deny the statements made in our columns, that neither the first nor the second of these conditions obtains at present. A great deal of prescribing by chemists confessedly goes on. It is in constant evidence in our columns that chemists prescribe even in serious cases, and sometimes visit. Some of our readers desiderate a legislative remedy for this evil. We scarcely agree with them either in desiring this or in thinking that it would be effective. The remedy rests first with the medical profession in perfecting its own efficiency; and, secondly, with pharmacists and druggists, who must know that they are entirely unfitted for advising persons affected with serious ailment or disease.

The second thing desirable is that, after medicines have been prescribed by medical men, they should be procurable on easy terms. There has been no denial of the fact that very high and artificial prices are charged by druggists for medicines; or of the statement that a family attended by a respectable practitioner who does not dispense his medicines will pay nearly as much in the year to the druggist who compounds his prescriptions as to the practitioner who writes them. This is, we repeat, a most absurd confusion of the value of two very different services. Medical men would gladly give up the work of dispensing. As it is, they do it by proxy, and are fast discontinuing the habit of making medicines supplied the basis of their remuneration. But it rests with pharmacists to show that they are prepared to compound medicines on practicable terms, and to limit themselves to the work of preparing drugs prescribed by

others. We only speak the sentiments of the profession when we say that we should gladly see more anxiety on these points displayed by pharmacists. Meantime, it would be premature in medical men to disconnect themselves entirely from drugs, which are to the medical practitioner what good instruments are to the surgeon.

The proceedings of the Council of the College of Surgeons at its last meeting were too important to be lightly consigned to oblivion. As we had anticipated in a previous article, strenuous efforts were made to induce the President to reconsider his avowed intention of resigning the office of examiner; but, as we had the satisfaction of announcing last week, Sir William Fergusson stood firm, and, to the amazement of those councillors who are wedded to the old *régime*, refused to withdraw the letter of resignation, in which he had practically inaugurated the greatest reform which the College has witnessed for many years. We feel sure that the profession outside the College walls will fully appreciate Sir William's determination to carry out the provisions of the College charters to the letter. For the first time in the annals of the College, the president and one of the vice-presidents are not members of the Court of Examiners, and thus the 21st section of the charter of 1843 is at last in great part fulfilled; and it only remains now for the Council to carry into effect the 20th section by electing three examiners from the Fellows at large.

Another noteworthy feature was the letter from Mr. Curling, in which that gentleman most honourably declined to be a candidate for election on the coming occasion, although second on the list of members of Council who have not served on the Court, feeling that he was disqualified by the prominent part he had taken in endeavouring to separate the examiners in anatomy and physiology from those in surgery. The principle of separation has, it is true, been affirmed by the Council; but as action upon it has been deferred, Mr. Curling very properly felt that a candidature on his part would be inconsistent with the object for which he had contended, and preferred to defer his undoubted claims to an examinership in surgery until the desired separation shall have been carried out. We could have wished that Mr. Hancock, who has taken an equally active part in forwarding this question, had adopted the same course as Mr. Curling; for he would thereby have removed one difficulty in the way of the appointment of examiners from without the Council, and would have placed himself in a better position with the profession at large than he can possibly occupy should he now succeed in securing an appointment. It is not yet too late, however, for a successful "strategic retrograde movement."

The nomination of Fellows to fill the three vacancies, according to a recent resolution of the Council, was very properly preceded by a request that no public mention of the proposed names should be made, and we regret therefore that a member of the Council should have made them public in the pages of a contemporary, together with some remarks which betray the writer's animus and his dislike to lucrative offices passing out of the Council. It is gratifying to us to know, however, by this means, that the majority of the names brought forward were those we mentioned a fortnight back as peculiarly eligible for the post of examiner at the present juncture; and we trust that the more liberal-minded members of the Council will not fail to be punctual in their attendance at four o'clock next Thursday, so that their election may be ensured.

In connexion with the subject of examiners, we would at once call the attention of the secretary of the College to the necessity for an immediate alteration in the form of the College of Surgeons' diplomas of fellowship and membership. At present both diplomas certify that "we, the Court of Examiners of the Royal College of Surgeons of England, have deliberately examined," &c.; and then follow the names of the president, vice-presidents, and the rest of the Court. But, in addition, upon the fellowship diploma is the following:—"In pursuance of a resolution of the Council on such a day, Mr. A B is hereby admitted a Fellow"; signed by the president. It is obvious that the form of the diploma has undergone no material alteration since the passing of the charter of 1843; prior to which the president and vice-presidents were necessarily in the Court. Now, however, that the president and one of the vice-presidents are not examiners, it will be absurd to leave empty spaces for their names; and the examiners ought strictly to sign in the order of their seniority. We can find nothing in the charters or bye-laws to account for the addition to the fellowship diploma; but if it is desirable to have the president's signature attached to the membership diploma, a similar addition might be readily made to it, though it passes non-official comprehension to imagine why a special resolution of the Council should be required to make a Fellow, whilst any number of Members can be made offhand by the Court of Examiners.

More than £250,000 has been already collected for the relief of the sick and wounded by the National Aid Society. The kingdom has been so energetically and effectively scoured for subscriptions that a very large amount of the money which ordinarily finds its way to the various charitable institutions of our island has been diverted from these and gone to swell the charitable current that has "set in" towards the seat of war. We have ourselves done what we could to promote the objects which the International Aid Society have had in view; but we really think the time has arrived when we should ask how the money is to be distributed, and what organisation exists for securing that this shall be carefully and prudently done. With the best intentions in the world, it is quite possible that the London Committee may find itself unequal to the task of administering the resources already at their disposal.

To relieve a Government of the responsibility of providing for its own wounded is, however benevolent in spirit, to render effective aid to a continuance of the strife. The disposal of the wounded forms one of the most difficult and anxious problems to be solved by the generals commanding an army; so difficult is it that the success or failure of a campaign may depend upon its solution. The exercise of our charity might prove anything but a boon to the soldier if the governing powers came to regard the money spent on the wounded as setting free an equivalent amount for the purchase of shot and shell and munitions of war. No

attempt should be made to supersede the action or diminish the responsibility of a Government in this respect. The money that goes to the relief of the wounded ought to go towards supplementing the aid which every disabled soldier claims as a right from the State for which he fights. Do what we may we cannot avert the horrors of war; but we can diminish them in a variety of ways, and by methods which the soldier could not fairly expect from the State. Nor is this all, for there will remain an accumulation of suffering among the widows and orphans of those slain in the fight, in addition to that of the starving inhabitants utterly ruined by the war. It seems to us almost impossible to exaggerate the depth and extent of the misery that threatens France. Paris, with its two million inhabitants, is surrounded by a girdle of steel. Von BISMARCK is inexorable in his demands, and France seems firmly determined not to yield them. Terrible as has been the trial through which she has passed, a worse thing will happen to her yet. Supposing that Paris does not capitulate before Christmas, famine on a wholesale scale will ensue; and what that means there is no need to tell. Already rinderpest is raging within and without the besieged city, the country districts are being drained of all their resources by the Prussians, and we may practically regard the winter as having commenced. How the people, says Herr WICKEDE, in the *Cologne Gazette*, will find subsistence on the departure of the troops, in a region which will be as devoid of provisions as the Desert of Sahara, is a puzzle. Yet this circle of twenty or twenty-five miles belongs to the richest and most luxuriant district in Europe. We know that it will be urged—indeed it has, we believe, been urged already—that money raised for the specific object of helping the wounded of both armies cannot be applied to any other purpose without the consent of those who subscribed it. This is, no doubt, true; but then we contend that the wounded are not reaping the full benefits of the money that is being disbursed. Sending out innumerable surgeons, ambulances, with waggons, horses, and hosts of attendants, transporting stores and getting officers to go out to discover where the stores are, and what all the people with the red cross are about, does not appear to us to be altogether the wisest, most direct, or most economical way of going to work. It is pretty well known that the thing has been overdone, that there has been too much hurrying to and fro, with the expenditure of much force and energy that was quite purposeless, and in some cases worse than purposeless. The red-cross gentlemen form an army in themselves, and these have been supplemented by independent adventurers. All journalism, particularly in war-time, must not be taken for gospel; but all journals, diurnal and hebdomadal, good, bad, or indifferent, agree in telling that a great deal of useless if not superfluous protoplasm, stamped with the red cross, has been wandering about France and Germany during the past few weeks. If, indeed, a tithe of the reports that are afloat respecting this "peculiar people" be true, they and their negative doings are regarded with little less than derision by the medical superintendents of both armies. And we cannot possibly be surprised thereat. Noble and Christian-like as are the aims of the National Aid Society, its working is open to abuse. People blest with but little of that "excellent gift of charity" have fastened on the red cross in order to pursue ends of their own, and these ends have not always been to succour the sick and wounded. Far be it from us to indulge in a captious or carping spirit. We do not deny that the National Aid Society has rendered great service; but no one can have failed to trace the spirit of sensationalism and exaggeration which has characterised much of the correspondence that has been made public. We have not yet seen an effective reply to the statements and arguments adduced by Sir J. T. SINCLAIR.

Other men have gone out, in some instances acting in concert with one or other society, but in all making the scene of war an excursion-ground, and their written experience in connexion therewith a vehicle for personal advertisement. Indeed, we fear that we must needs record, and record with great humiliation, that, as far as aid to the wounded in the present war is concerned, the medical market has been muddled to a marvellous extent; and this muddling has arisen chiefly and mainly from want of organisation, and from the attempts that have been made on the part of some to combine autumn excursionising with indiscriminate puffing. There is little of dignity, and less of usefulness, in this line of action; for, as a result, we are compromised in both armies abroad, and have hampered and harassed the action of those who are striving at home to promote and carry out organised professional assistance. The time is coming when a stupendous effort will have to be made to diminish the horrors that are threatening, and all our money will be needed for the purchase of food and flannel. With this conviction confronting us, we would earnestly hope that we may behold more care, better organisation, and more common sense than have hitherto been displayed.

THE prevalence, the increase, and the fatality of Relapsing Fever in Liverpool are such as to test to the utmost our present power of dealing with spreading diseases, and to render the epidemic a matter of almost national concern.

According to the Report furnished to the Poor-law Board by Mr. CANE, the fever first showed itself in Liverpool during the month of May, and up to this time at least four thousand cases have been recorded. To meet the emergency, the various local authorities have strenuously exerted themselves to provide hospital accommodation, and at present there are nearly twelve hundred beds available for the reception of fever cases. The patients are almost universally of the very lowest rank; and, indeed, the fever has been almost limited to the class—a very large one in Liverpool—in which a single room serves as the abode of a family. On this account it is particularly desirable to separate the sick from the healthy, and to subject dwellings, clothes, and bedding to disinfection; and hence the Board of Guardians of the Toxteth-park Union applied to the Privy Council to be placed under the Diseases Prevention Act of 1855. In consequence of this application, Dr. BUCHANAN proceeded to Liverpool to investigate the condition of things. He found that the main object of the guardians was to get power for the compulsory removal of patients to hospitals; and he therefore called attention to Section 26 of the Sanitary Act of 1866 as being sufficient to meet the

case. It was also suggested that, under the Diseases Prevention Act, disinfection of the interior of fever rooms and houses might at once be done by public authority, instead of by the slower process of compelling the owner or occupier. The Vestry had, indeed, lately disinfected certain rooms from which paupers ill of fever had been removed; but they were not responsible for doing this, and similar action was not being taken in other parts of Liverpool, beyond the boundaries of the parish. Dr. BUCHANAN, however, thought it best to advise the Health Committee of the borough to accept the whole responsibility of the efficient disinfection of interiors, and at the next meeting of the Committee the following resolutions were passed unanimously:—

1. "That the select vestry, the several boards of guardians, and the medical charities of the town be requested to instruct their medical officers to report before ten o'clock every morning to the medical officer of health, in addition to the lists already furnished, all those houses and rooms which in the judgment of the medical officer reporting require disinfection and can forthwith be disinfected; and that the medical officer of health be directed to give daily the necessary instructions for disinfecting all houses of which the notice shall be received. That the staff committee be directed to provide the requisite staff and materials, and to give all such directions as they may consider necessary efficiently to carry out the foregoing resolution."

2. "That, in case the select vestry and boards of guardians within the borough shall exercise the power of removal to the hospital, or places for the reception of the sick, of persons suffering from dangerous, contagious, or infectious disorders, contained in the Sanitary Act of 1866, the corporation, as the nuisance authority, will defray the expense of such removal in accordance with the Act."

It will thus appear that Dr. BUCHANAN saw no grounds for placing so important a town as Liverpool under an exceptional system of legislation, which would have had the incidental effect of subjecting the shipping of the Mersey to quarantine in foreign ports; and that he recommended only the vigorous employment of measures that are everywhere available. We regret to learn, however, that there are some difficulties in the way of carrying out these measures, and that there is much local dissatisfaction with what is described as the inactivity of the Health Committee, especially with regard to the sanitary improvement of the south end of the town, and with regard to the disinfection of premises. Dr. BUCHANAN advised that the agents used for this purpose should be either of the chlorine class or of the sulphurous or the carbolic-acid class; but up to this time neither the one nor the other seems to have been employed effectually. We trust the Health Committee of Liverpool, if they really merit the strictures of the local press, will for the future try to discharge their functions in a more thorough manner. The emergency is very great and real; the opportunity for showing the usefulness of prompt action is very valuable; and we trust that we may hear no more of inefficiency or of delay.

THE current year, made historical by one of the most sanguinary struggles that ever decimated humanity, will also be remembered for its contributions to the means by which human suffering may be alleviated and human life prolonged. To-day we have to withdraw our attention for a moment from the battle-field, and turn it to the more tranquil scene of one of our great seats of medical education—the headquarters of the northern contingent of that service whose watchword is Philanthropy and whose antagonist is Disease. The laying of the foundation-stone of the new Infirmary at Edinburgh is indeed an event of more than temporary or local significance. The past history of the institution would of itself suffice to invest with interest any change in its site, its structure, or its constitution. Originally planned in 1725, when the Royal College of Physicians, which had long given advice and medicine gratuitously to the sick and needy, appealed to the country for the means of founding it, it has gradually developed, from the small house that was first opened for the reception of patients in 1729, to the great centre of surgical and medical relief and education which still attracts patients from every part of Scotland and students from every quarter of the globe. As its efficiency and its fame increased, it has added to its accommodation and its resources, until even the time-honoured site on which it stood has failed to suffice for its purpose, and a situation better adapted for the architectural conditions which an improved hygiene prescribes has had to be chosen. Our readers can scarcely have forgotten the animated discussion which preceded the choice of the new site. Eminent physicians and surgeons, with that conservatism which makes it almost a duty *stare vias super antiquas*, strenuously resisted the proposed transference of situation; while physicians and surgeons equally eminent maintained as eagerly that the objects of the institution could be adequately subserved only by an entire reconstruction of the building on a new plan and on a new site. The latter party prevailed; and amid the self-congratulations of all who witnessed the imposing ceremony of Thursday week, and saw for the first time how well inspired had been the policy which removed the building from the squalid neighbourhood of the Cowgate to the breezy open of the meadow-grounds, it surely cannot have been forgotten that the life and soul of that inspiration and the indefatigable consummator of that policy was Edinburgh's greatest surgeon, the lamented SYME.

Yes; the death of that brilliant operator and teacher, preceded as it was so recently by that of the still more brilliant, if perhaps less useful, SIMPSON, can scarcely have been absent from the minds of the vast meeting of the 13th inst. Of both it might be said, with TACITUS, that, though away from the *curia*, they were all the more remembered by the assembly. The recollection of their lives and achievements had also its particular message, if not warning, to deliver. Enhanced as are the material conditions of success under which the Edinburgh school will henceforth prosecute her work, they do not render her one whit less dependent than of old upon the individual merit of her teachers. Thanks to the singular originality, accomplishment, and energy of these men in times past, Edinburgh was enabled to overcome the disadvantages of her provincial position, of her comparatively inconsiderable population, of her want, in a word, of the happy conjuncture of facilities which render London, Paris, and Vienna so attractive to the student of medicine. The position which she has hitherto held among the great resorts of profes-

sional education has been out of all proportion to her command of the material conditions of success. But the means by which she surmounted these defects, and attained to that position, have been seriously impaired by death; and as one by one of her brilliant lights has been extinguished, she appears to be almost approaching the crisis when, as it has been said, "Ichabod will be inscribed upon her walls." Let her, therefore, infuse fresh energy into her efforts, if not to outshine, at least to keep alive, her former lustre. If the momentous claims of science are not of themselves a sufficient incentive, let her take to heart the ignobler consideration that she has many powerful rivals, not only among the historical schools, but among those of the younger day, with whom to contend—schools which are manned by teachers whose native ability has been enhanced and whose enthusiasm has been freshened by experience of the great educational centres, south of the Tweed, across the straits, and on the other side of the Atlantic. Everything that nature and art can do for her has now been freely vouchsafed in the splendid institution which will henceforth be the scene of her highest discipline. Royalty itself has lent its august and attractive presence to the inauguration of the new career on which she has embarked. The aristocracy, the intellect, the great material interests of the country, have met to witness her launch upon her noble enterprise. Let it not be said that she fared ill upon her voyage for the deficiency of hands to work the vessel, for the want of harmony among the crew, or for the lack of clear-sighted and vigilant pilots at the wheel!

Medical Annotations.

"Ne quid nimis."

PRACTICAL PHYSIOLOGY.

THE recent regulations of the College of Surgeons having required of students now entering upon their medical studies attendance upon a course of Practical Physiology during their second year, we have thought it well to inquire as to the mode in which the course is to be carried out, and have for this purpose visited University College, where there has been for some years a regular course of Practical Physiology, to which many students have entered, although the course was not compulsory. Professor Burdon-Sanderson, who has been recently appointed to the chair of Practical Physiology in succession to Professor Foster, informs us that though the course is not compulsory upon those students now in their second year, yet that so large an entry has taken place that he has been obliged to arrange to give instruction to two classes who do duplicate work at different hours. Two hours and a half are allotted to the meeting of each class, which is held in a special physiological laboratory, doubtless to be hereafter known as the "Sharpey Physiological Laboratory," when the arrangements connected with the Sharpey Memorial shall have been fully carried out. This room has been fitted with a long table, adapted for the microscopes of the class, and with supplementary tables fitted with gas- and water-supply for the chemical operations, a "stink closet," &c., suitable for the work intended.

The intention is that each student should prepare for himself *seriatim* the several structures of the body, and submit them to microscopic examination, showing by his own sketches, made at the time, that he clearly apprehends the subject in hand. Then, that each student should test for himself the various fluids of the body, and investigate the chemical changes which take place in the processes of digestion, respiration, &c. In addition to this, at each meeting, the professor himself conducts before the class some three or four experiments requiring delicacy of manipulation and experience, and therefore not capable of being entrusted to individual pupils. We may give as examples the experiments made at the last meetings of the class. 1. The method of subjecting living tissues or cells to the action of gases while they are examined under the microscope, and in particular the changes in the appearance of the coloured blood-corpuscles when they are subjected alternately to the action of carbonic acid and of oxygen. 2. The method of subjecting living tissues or cells to the action of the induced electric currents (faradisation) when under the microscope, as illustrated by the effects of such currents in discharging the colouring matter of the red blood-corpuscles, and in suspending the amœboid movements of the white ones. 3. The effect of chloroform on the blood-corpuscles. 4. The mode of examining under the microscope living tissues of mammalian animals at the temperature of the body, &c.

It is obvious that such a course of instruction, which will doubtless be more or less imitated at all our medical schools, will afford the student a knowledge of physiology very different from that acquired by attendance on theoretical lectures and by reading only. We give all credit to the College of Surgeons for having required such a course as a part of the ordinary curriculum, and hope that this system of teaching will shortly render impossible such comments as those made by Professor Huxley, upon "the singular unreality of knowledge of physiology" evinced by even the best-instructed students.

ST. THOMAS'S HOSPITAL.

THE new St. Thomas's Hospital is now rapidly approaching completion; and, as far as regards the actual building, it will probably be finished by the end of the year. The whole of the external scaffolding has been removed, the area and the upper floor of the corridor are paved, the window sashes, if not fixed, are in their places, the Parian cement of the inner walls is rapidly drying, and the oak floors of the wards are being laid down. The operating theatres are in a forward state; and so also are the three lecturing theatres, and the numerous and spacious rooms devoted to the school. In the nurses' house painters are actually at work; and the business of levelling the garden spaces has been begun.

The effect of the wards, now that they are nearly ready for habitation, strikes us as being wonderfully fine. Between every two beds, on both sides, there is a window; and all these windows are recessed so much that, while standing at one end of the ward, the glass of all but the two or three nearest is concealed. The result is that there is literally no barren reach of dead wall before the eye; but a succession of projections and recesses, presenting variations of light and shade, and utterly destroying the monotony of surface that renders so many ward walls sources of weariness to the flesh. The Parian has dried to a fine warm tint, a little paler than that of red blotting paper; and although it is still patchy in places, the patches are fast drying out, and promise soon to disappear.

The principal feature of the place, however, is its astounding bigness; and the consequent distance to be traversed between its several parts. If the scheme to which we alluded last week—the amalgamation of schools—

could be carried into effect, it would of course be necessary to devote the morning to school work, as distinguished from that of the hospital, and thus to save going to and fro. But, as long as a hospital and school are united into an institution complete in itself, a certain degree of compactness will be found to be attended by many advantages. We should counsel the students who come next year to "walk" the new St. Thomas's Hospital that they must not attempt to walk it all at once, and that it will be prudent to confine themselves to the practice of one pavilion at a time. It will be very desirable that the work of each physician and surgeon should be strictly localised, and his patients brought together. To scatter them over the establishment, as in ordinary hospitals, would be to inflict upon the staff a task beyond even medical long-suffering and endurance. The distance from the school buildings to the eastern end of the hospital, or even to the out-patient rooms, will be a serious, as it must be an irremediable, evil; for it is always to be wished that students should be able to pass quickly and easily from the wards to the museum or the library, for the profitable employment of fragments of time, or *hora subsecivæ*. If they cannot do this, they will be tempted to lounge in the school when they should be in the hospital, and in the hospital when they should be in the school. Perhaps it might be advisable to provide them with a common sitting-room in the hospital, in which they might read, or transcribe notes, or in some way occupy moments that would otherwise be lost. We are informed that a system of electric communication will be established throughout the building; but, although this will annihilate time in the diffusion of intelligence, it can do nothing to diminish the space over which students will have to travel prior to their convergence upon the point of momentary interest. With the exception of the disadvantages attendant upon size, the hospital promises to offer every facility for the discharge of the duties connected with its several departments. We are disposed to think that the lighting of the operating theatres will be hardly sufficient; but this defect, if it should be found to exist, will be remedied without any difficulty.

MEDICAL SOCIETY OF LONDON.

AT the first meeting of this Society for the present session, held on Monday night, Mr. Gay, the President, gave an exceedingly able and interesting address on "Surgical Art and its Limitations," in which he argued that the surgical art, as distinguished from the science, was behind its privileges in so far as the importance of the strictly mechanical part of surgical art was overestimated to the exclusion of the proper consideration of various hindrances to the success of surgical procedures. Mr. Gay held that surgeons did not sufficiently study the extent and influences of these latter agencies. In illustration of his statement he instanced the nature of the wounds made in operations as of moment. It was not so much the extent as the seat of the wound in relation to the organic system of nerves, those wounds being most liable to disturb the system which were made in tissues supplied by the sympathetic; those made with instruments of the keenest edge, and therefore possessing the utmost evenness, in his experience, being the best disposed to unite and heal satisfactorily, the fact being that all wounds of a torn character have a marked unevenness, explained by the different degree of resistance offered by the lacerated tissues. Hence the incisions made by the surgeon, Mr. Gay believed, could not be too few or too slight, provided they secured the immediate end in view. The écraseur and wounds made by it find no favour with Mr. Gay; who prefers the use of the silk ligature, moreover, with its ends cut off close to the vessel, to any other plan for securing arteries. The antiseptic treatment of wounds was declared not to have had a fair trial in London. Many other matters of detail in connexion with wounds were mentioned and discussed, after which the President passed to consider the constitutional conditions which militate against the success of the surgeon's endeavours, special stress being laid upon the pernicious and antagonistic operation of intemperance in the drunkard and his offspring; and of over-stimulation, especially in the preparation of patients for operation. Lastly, Mr. Gay passed in review the question of hospitalism, stating his belief in the truth, in the main, of Sir J. Simpson's propositions, and advocating the adaptation of the tent-hospital system as far as possible to English practice, in accordance with the views of older practitioners, Drs. Brocklesby, Pringle, and others, again brought into prominence by modern writers.

Dr. Andrew Clark then read a paper on "Basic Diseases of the Lungs," in which he detailed the history and post-mortems of several cases, which pointed to chronic bronchitis, aggravated and neglected, as the origin of tuberculisation of the lungs.

IN THE WAR-TRACK.

A MEDICAL OFFICER who has lately been in the track of the war has furnished us with some information and impressions he obtained during his journey. He saw large bodies of German troops, and he—in common with other persons with whom we have conversed—was particularly struck with their fine *physique* and condition. Battalions that had marched long distances, and had undergone a good deal of heavy work, looked so healthy and well-seasoned that they did not appear to have suffered from their exertions and exposure. Towards the end of last month the armies of the King and of the Crown Prince were very healthy. It is believed that the sickness, exclusive of wounds, was not above three per cent. As far as the surgery of this war is concerned, it is very questionable whether scientific treatment of wounds and operations will be much advanced by it. The surgeons were overwhelmed with cases, and the number of primary operations requiring their attention, as well as the subsequent removal of the patients, prevented careful and systematic observation. A number of selected cases of wounded soldiers, after having their limbs put up in the plaster-of-paris bandage, were removed to civil hospitals in the interior, where they were consigned to the care of distinguished surgeons belonging to those institutions. A professor of surgery—Dr. Nausbaurm, of Munich, if we remember aright—had performed seven resections of the knee-joint, but with very bad results. It is excessively difficult to ascertain with any degree of accuracy the proportion of deaths to recoveries after amputations and large operations; but the number of the former has been relatively large. At Rethel a large temporary fever hospital, capable of holding upwards of three hundred beds, was in course of construction for the reception of fever-stricken soldiers. *En passant*, it may be remarked that the fever, according to our informant, appears to be of the typhoid or enteric form, and not typhus. The wounds are, as a rule, dressed twice daily. Disinfectants are freely employed for this purpose, such as solution of the permanganate of potassium and carbolic acid. The latter agent is very generally used, and seems to enjoy a considerable reputation with army surgeons and others. It is not, however, commonly employed in the way and with the object which Prof. Lister has in view, for it would be impossible to give the time and great care that would be required to exclude the entrance of, or to destroy, the 'germs" in wounds. The German surgeons are very

jealous of interference with their operations and hospital arrangements. Many very competent medical men were wandering about with next to nothing to do; and perhaps a still larger number of incompetent men were ready to discuss all that they could have done. The fact is, that the medical officers are charged with the responsibility of treating the sick and wounded, and answerable to proper authority, and they are consequently averse to parting with their control of patients to outsiders who, whatever may be their good intentions, cannot shift the responsibility to their own shoulders. The best and most direct way of meeting the wants of the wounded would be by grants of money and clothing to the hospitals where needed.

PATHOLOGICAL SOCIETY OF LONDON.

THIS Society got to work again on Tuesday, with a goodly list of pathological specimens for a first night's meeting.

The President, in congratulating the members on their re-assembling for the winter, expressed his regret at the loss the Society had sustained, since their last meeting, in the deaths of the veteran Dr. Copland, a former president; of Mr. Nunneley, of Leeds, a constant contributor of valuable pathological experience; of Mr. C. H. Moore, who, though a young member of the Society, had added much to the interest of its gatherings; and of Mr. J. Z. Laurence. He further announced that the new volume of Transactions would be ready for distribution before many days.

The most interesting items brought forward were a specimen of Aneurism of the Aorta, involving the innominate artery, from a case in which Mr. Heath had attempted to tie the subclavian and the carotid, but had failed to secure the former vessel on account of the great displacement of parts, and the entire overlapping of the vessel by the sac of the aneurism; a series of specimens of Intestines from German soldiers who had died at Sedan from acute dysentery, contributed by Dr. John Murray; a specimen of Phlegmonous Gastritis, by Dr. Moxon; Embolism of the Middle Cerebral Artery, by Dr. Fagge; and Malformed Hearts, by Dr. Peacock.

Some little discussion on the remedies used by the Germans in the treatment of dysentery drew from Dr. Wilks the remark that ipecacuanha was introduced into France two hundred years ago, under the appellation of radix anti-dysenterica, for the treatment of dysentery in one of the Dauphins of France. It would seem that in the present war the Germans generally prefer the exhibition of tincture of perchloride of iron.

THE POST-MORTEM CASE AT ST. THOMAS'S HOSPITAL.

THE decision of Mr. Ellison, the magistrate at the Lambeth Police-court, in the case of alleged non-compliance with the Anatomy Act, which we report at length in another page, was the only one which could possibly have been come to—viz., that no offence had been committed. At the hearing of the case in the previous week Mr. Poland, the counsel for the hospital, had called Mr. Charles Hawkins, the metropolitan Inspector of Anatomy, to explain the difference between a post-mortem for pathological purposes and an anatomical examination or dissection; and that gentleman had explained that the Act of William IV. gave him no control whatever over the former proceeding, whilst as regards the latter he was legally empowered to demand compliance with certain conditions. Dr. Gould, of the American bar, who seems to have volunteered to represent the complainant, endeavoured to show that the 9th section of the Act, which requires forty-eight hours to elapse before the "removal for anatomical examination" of a body, applied to ordinary post-mortem examinations, and a removal from the ward where the patient died to the post-mortem theatre. The absurdity of such an idea is obvious, for it would be outraging all decency to leave a corpse for forty-eight hours in the midst of living patients; and the last part of the section draws a distinct line between the attendant who may be anxious to make a post-mortem examination, in order to give a correct certificate of death, and the "party receiving the body for anatomical examination."

We cordially agree with the magistrate in urging upon all hospital authorities to take pains to avoid giving offence to the relatives of deceased patients. If at some institutions a rule is made that entry to the hospital gives an implied consent to a post-mortem examination in case of death, let that rule be plainly stated; or if it is considered better to ask the consent of relatives, let the delicate duty be entrusted to experienced and sympathising hands, so that no offence may be given. Above all, we would urge upon hospital authorities who have the dissecting-room in close proximity to the dead-house, to be careful that they are kept strictly apart both as to entrance and management, and that not the slightest curtailment of the time legally required to expire between the death and removal of any unclaimed body, under the authority of the Inspector, be permitted.

The voluntary appearance of a member of the American bar in the case we regard as another example of the tendency of well-intentioned but ill-informed people to thrust themselves forward in interfering with scientific matters with which they have no concern. The anti-vaccination and the anti-Contagious Diseases Act agitations are but the results of that busy idleness which will, we trust, not find another vent for its sympathies in an anti-anatomy crusade.

THE REGISTRATION OF DISEASE.

ON Monday last, a large and influential deputation, representing a joint Committee of the British Medical and Poor-law Medical Officers' Associations, waited by appointment on the President of the Poor-law Board, for the purpose of making certain representations to him relative to the registration of disease. Dr. Lyon Playfair introduced the deputation, and Dr. Edward Smith and Dr. Bridges were present with Mr. Goschen. The composite character of the Committee, as explained by Dr. Rumsey, derived its origin from what took place at the late meeting of the British Medical Association at Newcastle, when the question of Poor-law medical reform, in connexion with the sanitary care of the poor, was brought forward by Dr. Rogers, the President of the Poor-law Medical Officers' Association. And the fact that the co-operation of the Poor-law medical officers would be essential to the working of any scheme of disease registration seems to have suggested the idea of "killing two birds with one stone," by combining into a single scheme propositions embracing the registration of disease and Poor-law medical reform, for submission to Mr. Goschen. To these propositions, which we print elsewhere, we of course take no exception upon their merits; on the contrary, we are of opinion that, speaking generally, they all fairly represent just and necessary reforms which sooner or later will have to be conceded by the Legislature. But that it was a wise proceeding to mix up so large a question as that of Poor-law medical reform with the comparatively simple one of the registration of disease, we doubt very much. There was reason to believe that the President of the Poor-law Board was altogether favourable to the latter, and that he

would willingly promote any feasible plan for its attainment. He said as much twelve months ago, when an impracticable plan was put before him, and this might have served as an indication of what any body of gentlemen again going to him upon the subject should aim at. Unfortunately (as we think) the lesser object was, to a certain extent, masked by the greater object in the propositions submitted by the deputation on Monday, and hence the opportunity of enlisting Mr. Goschen's active co-operation was not improved as it might well have been. Almost at the beginning of the interview he remarked that the arguments for sickness returns were so strong that he had no doubt whatever as to their desirability, but he was evidently anxious to learn something from the deputation about the machinery for obtaining them, and its cost; upon neither of which points was anything sufficiently definite forthcoming. The cost will, of course, depend upon the method of making the returns; hence this method should have been determined on and stated by the deputation to Mr. Goschen in the plainest terms, together with an approximate estimate of its cost. This would have enabled him to moot the subject with effect in the Cabinet, and Ministers would thus have found their hands materially strengthened for dealing with any cognate recommendations which the Royal Sanitary Commission may make in their anticipated report. As it was, the speakers not having apparently prepared themselves upon the question of cost, conflicting estimates were given; and Mr. Goschen noted the fact that there was a difference of about £50,000 in the result of two of the estimates of what would be required for the medical officers alone, without taking into account the cost of publication.

Notwithstanding that the moral force of this deputation was perhaps a little diminished by a want of unity of purpose, it is but justice to say that, so far from Mr. Goschen exhibiting any of that peculiar quality for which a colleague of his is noted on such occasions, the attention with which the speakers were heard, and the questions put, showed a real desire for information, and we augur favourably therefrom for the prospects of disease registration. Until the Sanitary Commission has made its report, however, it is of little use to move further in the matter.

DISEASES AMONG ANIMALS.

CATTLE PLAGUE continues to spread on the Continent, as will be seen by the following account. It exists in *Austria*, in the provinces of Transylvania and Galicia. In *North Germany*, in the provinces of Prussia, Saxony, and Rhenish Prussia, in forty-two separate localities in the Rhenish Palatinate, in sixty communes, and in three places in Brandenburg. In *South Germany*, in the provinces of Bavaria, Wurtemburg, and Baden. In *France*, in the provinces of Lorraine, Alsace, Moselle, and Seine et Marne; at Bar-le-Duc and Gravelotte; in the vicinity of Metz, where the ravages are so great that it is reported that they cannot bury the carcasses fast enough; in the vicinity of Paris, where it is stated to have extended to sheep; and, lastly, it has been reported to have broken out in Paris itself; and this report is doubtless true, as it was stated some days ago that the fresh meat was being rapidly consumed—an event not likely to take place in a besieged city as long as vegetables were not unattainable, for common sense would dictate, in the interests of non-scurvy, that, under normal circumstances, the fresh meat would have been kept till all the vegetables had been consumed. In *Russia*, in the province of Poland, in places opposite East Prussia, at Kowno, and near Kutno. In *Turkey in Asia*, on the coast of the Black Sea, and in the district of Trebizond; whilst on the mountain pastures behind the town of Trebizond a curious fatality has occurred in the destruction of 7000 head of cattle by a snowstorm. In *Turkey in Europe*, in Roumania and Thessaly.

Pleuro-pneumonia exists in thirty-five counties in Great Britain; and abroad, in Holland, Germany, Turkey in Asia, and North America.

Sheep-pox is not reported to exist in Great Britain, but it is still rife in the district of Stettin, as is also sheep-scab, which also prevails in some counties of Great Britain.

Foot-and-mouth disease exists in fifty-three counties in Great Britain: in some counties it is reported to show itself in an aggravated form, and the losses have been proportionably great; whilst in others it has assumed a mild type, and the losses have been inconsiderable.

SUBSTITUTE FOR TEA.

WE observe in a late number of the *Pharmaceutical Journal* a paper by Mr. Cooke on "Guaranas," the seeds of a sapindaceous tree termed the Paullinia sorbilis, and which does not appear to have hitherto entered into European commerce. The Sapindaceæ, or soapworts, constitute an important order, singular from the circumstance that, whilst the leaves and branches of many of the plants composing it are unquestionably poisonous, the fruit of others is valuable as a dessert. Thus, says Lindley, the Longan, the Litchi, and the Rambutan yield some of the more delicious fruits of the Indian Archipelago, whilst the Rambeh and Choopa of Malacca, the fruta de paraó of Brazil, the Tampin, and Pittomba, are other fruit trees belonging to this order. The horse chesnut belongs to this order, and though not consumed by man, is yet, when taken in moderate quantity, an excellent food for sheep, as the butchers of Geneva are well aware. The guarana-yielding tree is found abundantly in the Amazonas. The fruit is scarcely as large as a walnut, and contains five or six seeds, which are roasted, then mixed with water, and moulded into a cylindrical form, resembling a large sausage, and finally dried in an oven. Before being used it is grated, and then resembles cacao. Two spoonfuls of the powder are mixed in a tumbler of water, and this drink is regarded as a stimulant and nervine tonic. Like strong tea or coffee, it is said to take away the disposition to sleep. The active chemical principle is an alkaloid that Dr. Stenhouse has shown to be identical with theine. Guarana contains more than double as much of this alkaloid as good black tea, and five times as much as coffee, the proportion being 5·07 per cent. in guarana.

CONCENTRIC CALCULATORS.

UNDER this name Mr. Bellows, of Gloucester, has just made public a very ingenious and useful contrivance. It is an arrangement for combining various quantities of different denominations by means of revolving discs, set by the finger, and of then reading off equivalent quantities in other denominations. One series (called Series A), said to be especially for the use of chemists and medical students, is for the conversion of metric weights and fluid measures into English equivalents. It consists of four sets of concentric discs, contained on a card that folds into a compass of four inches by two. The first set enables us to read off the equivalent in grains of any quantity from 1 centigramme up to 99·99 grammes. The second converts any quantity between 100 grammes and 99·99 kilogrammes into pounds and ounces avoirdupois. The third converts divisions of the litre into fluid ounces, drachms, and minims; and the fourth, hectolitres and litres into gallons and pints. All this is done almost at a glance, without the possibility of error, and without the necessity of writing down anything but the result. It is now so much the custom to use the metric system in all chemical work, that Series A cannot fail to be

highly useful to many of those for whom it is intended. The inventor has applied the same principle to other kinds of calculation—e. g., to the determination of interest, and to the English equivalents of foreign coins; but these applications, however ingenious and valuable, it does not fall within our province to notice at length.

CREASOTE WATER AS A MEANS OF PRESERVING ANIMAL TISSUES.

M. F. HOLBEIN remarks (*Berichte der Deutsch Chem-Gesellschaft*, 1870, p. 61) that the application of creasote to the preservation of animal tissues, and of the entire bodies of animals, is sufficiently familiar, but that the following method may nevertheless prove of interest to zoologists. In order to preserve the whole animal it should be macerated in water that has been well shaken up with ordinary creasote. The action should be allowed to continue for from one to several weeks, according to the size of the creature; and, if large, the belly should be laid open, though this is not necessary in birds, reptiles, and fish. It is then to be dried in the air, the proper position being given to it. As the body remains elastic after drying, it may be packed without any special precaution being taken. In the case of birds, the feathers will be found to retain their colour; and fishes preserve well both their form and colour. Soft animals, however, like mussels, shrink considerably. The plan is peculiarly well adapted for fish collectors.

THE "PECULIAR FEATURE" OF THE IRISH DISPENSARIES.

IT is not surprising that Mr. Goschen should regard the extreme facility with which gratuitous medical advice may be obtained in Ireland as the "peculiar feature" of the Irish dispensaries. Nor can it be denied that there is an enormous difference between restricting public medical assistance to the strictly pauper classes—that is, to the destitute entitled to other species of relief—and what Mr. Goschen appropriately called "State medicine"—that is, medical advice and medicine which almost any person may obtain by asking one of his neighbours for a ticket, and make use of without being branded as a pauper. Nor do we in the least desire to diminish the importance of this distinction. We hold that the circumstances in Ireland are altogether different from those which obtain in this country. The poverty and ignorance of the masses, the repeated recurrence of fatal epidemics, and the imperfections of the medical arrangements formerly existing, made it absolutely necessary that the public system should be extremely liberal. But it does not follow that the same liberality would be as successful here. Indeed, so far as we know, no English advocate of the Irish system has ever ventured to propose it. On the contrary, we have continually drawn attention to the laxity with which medical orders are granted by the officers of the English Poor Law, and it would be a fatal mistake should any greater liberality be introduced.

But whilst we are compelled to urge that the greatest care should be taken that the public service of the country should not be imposed upon by any who can afford to pay, we must at the same time remark that the differences between the Irish and the English systems are not in practice by any means so great as Mr. Goschen's broad statement of the differences in principle seems to imply. In England, as in Ireland, there are thousands of poor persons who are utterly unable to pay for medicine and medical advice, and who are not paupers in any degrading sense. It is the interest and duty of the State to provide these persons with medical attendance on the simple Poor-law principle that it is one of the "first necessities of life." In affording them this help the profession asks only that it may be considered as performing an honourable social duty, and not a service to which the taint of pauperism is of necessity attached.

Mr. Goschen cannot too clearly understand that we wish to take the advantages of the Irish system without its drawbacks, of which want of discrimination in the giving of orders there, as in England, is the chief. Those advantages are, that the service is not dishonoured by association with the provision of drugs, nor degraded to the level of ordinary relief; that the medical officers are paid and treated as professional gentlemen who render invaluable service to the State, and are protected in the independent performance of their duties by their relation to a central board, which, by its consideration for the work done, affords the countenance and support which the medical officers so well deserve.

These, in our judgment, are the peculiar features of the Irish system. It is to them that we desire to draw Mr. Goschen's attention, and we regret to observe that he estimates them as of less importance than the one he named.

THE GOODSIR MEMORIAL IN THE UNIVERSITY OF EDINBURGH.

WE understand that an effort is about to be made to complete the scheme for a memorial to the late Professor Goodsir, which was commenced three years ago, and came somewhat abruptly to a close after a sum of over £600 had been collected. It is now proposed, as being more suitable, to found a Goodsir Scholarship in Anatomy, open to undergraduates, instead of a Fellowship for competition amongst graduates. To carry out this scheme, further subscriptions to the amount of £200 are needed; and as many who have promised support have not yet paid their subscriptions, and many more of the professor's former pupils in various parts of the world have, as yet, not given in their names, it is confidently expected that the necessary sum will, before long, be paid up, so that the scholarship may be founded within the next year.

We are requested to state that Dr. Dyce Duckworth, Secretary to the Fund for London, will receive subscriptions.

DRAINAGE OF MARGATE.

THE public will be greatly gratified to hear that the drainage of Margate is under the serious consideration of the Town Council. Hitherto the authorities of Margate have almost entirely neglected drainage, trusting to the unsurpassed purity of the air of the place and its favourable soil. But even Margate cannot afford to disregard the first necessities of public health. Its mortality is low; but there is a significant prevalence in its zymotic mortality of diarrhœa and fever, two diseases which would be likely to be favoured by the want of drainage, which characterises even the best parts of Margate. A memorial from eight of the principal medical men shows the urgency of this question, and if the Town Council is wise it will deal seriously with this memorial, which sets forth "that the sanitary condition of the town is exceedingly bad, and that low types of disease, caused or aggravated by the imperfect and defective drainage, are constantly prevalent, so that the natural salubrity of Margate, which we justly appreciate and rejoice in, is most seriously impaired." Plain truth like this is not to be explained away by town councillors, or even aldermen, calling it "a foul libel." No natural salubrity will long save the character of Margate if it does not take the precautions indicated in every town, but

especially in one to which great numbers of people naturally flock at odd times, temporarily overcrowding it, many of them convalescent from epidemic or other disease. Before we leave the subject of Margate and its salubrity, in which we feel very deep interest, let us relieve our minds about the bad character of its milk, which our own experience justifies us in believing to be too well founded. How can people living in such pure air, and making a great deal of money, tamper with milk? And yet nobody can doubt that the milk of Margate is grossly sophisticated.

SMALL-POX AT MILE-END.

THE prevalence of small-pox in the metropolitan district of Mile-end Old Town has more than once been remarked upon of late in the Registrar-General's Weekly Returns. Last week it is said that this disease "caused again two deaths" in one of the two subdivisions of the district, or one-eleventh of the mortality from all causes. Dr. Corner, the medical officer of health, has just presented a report to the vestry upon this outbreak, in which he states that in three streets of the district 32 cases were under the care of the union medical officers, while in the workhouse upwards of 40 new cases had come under treatment in a month. A ward adjacent to the workhouse has been set apart for the reception of cases; but the opposition on the part of families and patients to removal from their homes has been so great that, at Dr. Corner's instance, the vestry has determined to put in force Section 26 of the Sanitary Act, which authorises removal by the order of a magistrate.

Dr. Corner says there have been several instances in which the removal of the first case from home would have prevented the extension of the disease to others.

According to the *East London Observer*, the reading of Dr. Corner's report was followed by some remarks from a medical member of the vestry deprecatory of "sensational reports," and of the idea that small-pox in Mile-end had at all been epidemic. To whatever cause this professional difference of opinion may be owing, its effect can hardly fail to be more or less harmful.

THE ORGAN OF TASTE IN THE TADPOLE.

F. E. SCHULTZE, in a recent number of the *Archiv für Microscopische Anatomie*, describes the organ of taste presented by the fully developed larva of the Pelobates fuscus. The oral cavity of this animal contains about two hundred papillæ, amongst which there are about eighty of conical form and larger size. Nerve fibres penetrate into the interior of the last-named papillæ, but do not terminate, as Stricker maintains, in slightly bulbous enlargements beneath the epithelium, but in peculiar groups of epithelial cells, that agree in their character with the gustatory cells or cups described by Schwalbe and Loudn as visible in the tongues of mammals, and especially in the circumstance of their being composed of two different kinds of elongated epithelial cells.

THE INTRODUCTORY AT GUY'S.

THE expressions used by Mr. Bader, in his introductory lecture at Guy's Hospital, with regard to the "highly-perfumed theatre" of St. George's, appear to have given much umbrage to some of the students at the latter school. A letter was addressed to us, commenting upon the matter in strong terms, and we declined to publish it without the name of the writer. It was then sent to a contemporary, and printed with a *nom de plume*. We think its appearance was rather to be regretted, as tending to direct attention to a very trivial matter, and one that was better forgotten. We imagine that Mr. Bader meant to make a very harmless joke, and we confess to thinking it a very poor one. The pupils of St. George's, however, whether past or present, have no need to be thin-skinned. They have always held among medical students the same sort of position that Harrovians hold among public school boys; and many of them enjoy advantages that have permitted and encouraged a tendency to a little harmless dandyism. We are not sure that any man is the worse for being a dandy, and we are quite sure that many would be greatly the better for it. There are things in the world far more noxious than eau-de-Cologne; and if it were true that the St. George's students were perfumed when Mr. Bader visited the theatre fifteen or twenty years ago, the fact would only prove that men are not hindered by perfumes from becoming eminent as practitioners of medicine and surgery.

NATURAL SCIENCE FELLOWSHIP AT TRINITY COLLEGE, CAMBRIDGE.

THE examination for this Fellowship, conducted by Prof. Liveing, Dr. Michael Foster (the newly-appointed Prelector in Physiology), and two Fellows of the College, and open to all the University, has resulted in the election of Mr. M. R. Pryor, who two years ago won the Scholarship for Natural Science, which was thrown open to the competition of all the undergraduates of both Universities. It is the first time that a Fellowship has been thus given in Cambridge after competitive examination in Natural Science; and we trust the example thus set will be followed by other colleges. The wonder is that it has not been done before.

ARMY MEDICAL SERVICE.

A CORRESPONDENT in the *Broad Arrow*, lamenting the dead calm which has fallen upon the Army Medical Department as far as any promotion is concerned, makes a practical suggestion—namely, that some inducements to retire might be held out by appointing retired medical officers to the surgeoncies of militia regiments, by which some employment and a small increase of pay would be afforded. When we once ventured to hint something of this sort we naturally excited the indignation of a good many of our worthy friends, the militia surgeons. We confess, however, that it seems to us only logical and fair, if it be desirable to obtain the services of retired and half-pay officers in the executive ranks of the militia, that army medical officers should fill the medical posts. We believe that the present Director-General has long been favourably impressed with the expediency of adopting such a measure. We confess also that we think some scheme of compulsory retirement for the higher administrative grades must be devised and adopted sooner or later. The pay and position of an assistant-surgeon at the end of fourteen or fifteen years' service is not a lively look-out for a man of education with an ounce of ambition.

THE SEWERAGE OF DUBLIN.

THE filthy condition of the Liffey has for some years past been the sanitary scandal of the Irish capital. Measures have just been sanctioned for its abatement. Two intercepting sewers will be made, which, as at present proposed, will open into the sea below the tideway. This improvement will be effected at the cost of £350,000, which will be advanced by the Government on the security of the local rates. It is, however, a sad pity that the errors of the London system are to be repeated in Dublin, and, if not too late, we would venture to suggest that some attempt should be made to divert the outlets to a place where, by pumping, some return may be obtained. The waste of matters which are in fact convertible into wholesome food is unpardonable,

and the Town Council of Dublin may as well look at the matter boldly before they are irretrievably plunged into their extravagant and wasteful scheme.

THE CHOLERA IN AFRICA.

WE have kept our readers aware of the progress of cholera. The epidemic at Zanzibar caused a wholesale loss of life that was truly disastrous. We lately announced that the disease had appeared on the coast opposite to Zanzibar, at a place called Bagamozo, where as many as thirty or forty deaths have taken place daily. The mortality at first prevailed principally among the porters arriving from the interior. The caravan route, within three days' journey of the coast, is said to be the locality most infected.

THE EFFECT OF MEDICINES ON TEMPERATURE.

WE are glad to notice what we hope is the commencement of a study by veterinary surgeons of the phenomena of temperature in the diseases of animals, and the effects which medicines may have in influencing these phenomena. Mr. F. J. Mavor, M.R.C.V.S., has forwarded us a paper in which he records some careful observations on the horse, which appear to prove that the subcutaneous injection of atropia considerably elevates temperature, and that this effect persists for a considerable time. This observation accords with the results obtained by Mr. Oglesby, of Leeds, in experimenting with atropia on rabbits. We have not space to insert Mr. Mavor's paper at length, and perhaps it will be best that some of the more general statements which he makes as to the effect of drugs on temperature should be carefully revised by him, as they seriously conflict with the results obtained by a large number of competent investigators. But, in regard to atropia, he has advanced some unquestionably interesting and valuable facts, which are recorded with a minuteness that entitles them to credit.

EXPERIMENTAL PHYSICS AT CAMBRIDGE.

THE Chancellor of the University has made the munificent offer to provide buildings and apparatus for experimental physics at a cost of £6300. His Grace communicates this offer in a letter to the Vice-chancellor, having found from the report of the Physical Science Syndicate that such buildings and apparatus are required in the University.

BOARDING-OUT OF PAUPER CHILDREN.

THE Birmingham guardians have determined to board-out twelve children under the supervision of the Society for Befriending Pauper Children. They are to be superintended by the guardians, relieving officer, and members of the Society. This will no doubt afford sufficient guarantee that they will be treated as well as they are at the workhouse.

NEW STUDENTS.

WE have little to add to the statements made last week, as to the entries of new students at the various metropolitan schools. The numbers remain unchanged, as far as we are informed, except in the case of University College, at which school the entries have increased to 84, giving it the second place on the list; St. Mary's Hospital has 20 new entries, and Westminster 13. It is scarcely necessary to say that the numbers—as representing the total new students—afforded by the registration at the College of Surgeons are fallacious, inasmuch as many gentlemen do not intend to take the College diploma, and consequently do not register at that place.

TYPHOID IN ISLINGTON.

THE causes of the recent peculiar outbreak of typhoid in Islington are under special and exhaustive investigation by Dr. Ballard, the health officer. The peculiarity of the outbreak consisted mainly in two points—first, the localisation of the cases; and, secondly, the apparent coincidence between a certain milk-supply and the occurrence of the disease. We will not anticipate Dr. Ballard's conclusions; but they will be looked forward to with much interest by both the public and the profession. We believe the epidemic is wellnigh at an end. There have been about two hundred cases.

WE are happy to observe that Mr. Rendle is a candidate in Southwark for election on the Metropolitan Education Board. It is expedient that at least one member of the profession should be elected, and we hope that the ratepayers of Southwark will return Mr. Rendle, whose association will be a guarantee that neither sanitary arrangements nor the physical development of the children will be neglected in the schools which will be formed.

IT was stated in some of the papers that Dr. Frank was on his way with the Anglo-American ambulance to the neighbourhood of Lyons. This is incorrect. Dr. Frank has returned to this country to obtain further instructions as to his future course of action.

THEIR Royal Highnesses the Prince and Princess of Wales, when in Edinburgh last week, paid a visit to the Royal Hospital for Sick Children, over which they were conducted by the directors, ladies' committee, and medical staff of the institution.

DR. HUGHLINGS JACKSON, having held for seven years the title of Assistant-Physician to the London Hospital, now takes, in accordance with a recent regulation, the title of Physician to the hospital. This does not involve any change of duties.

WE are glad to learn that Mr. Wanklyn is one of the candidates for the Chair of Chemistry in St. Bartholomew's Hospital. From Poggendorff's Biographical Dictionary of Chemists, &c., we learn that he was born Feb. 18th, 1834, at Ashton-under-Lyne, near Manchester. Last year he and Dr. Frankland received the foreign diploma of the Munich Academy.

DR. SMART, who has just resigned his appointment as medical officer of the Bethnal-green Workhouse after a service of a quarter of a century, has been presented with a silver inkstand by the officers, nurses, and inmates of the workhouse, in testimony of their gratitude and esteem.

AT the last committee meeting of the Seamen's Hospital Society several changes were made in the organisation of the resident staff. Mr. Harry Leach was appointed Senior Medical Officer, and Mr. W. Johnson Smith, F.R.C.S., Surgeon to the hospital.

THE office of Superintendent and Secretary of St. George's Hospital is, we understand, about to become vacant. The salary is £200 per annum, with board and residence, and the appointment rests with a committee of governors.

MILITARY men will be glad to have heard good accounts of the health of Field-Marshal Sir J. F. Burgoyne—a veteran of the highest military and engineering reputation, who has probably rendered the most distinguished services of any living English officer.

THE deaths from scarlet fever last week in London were 198, showing a small excess over the previous week's return. The mortality has been steadily progressive for many weeks past.

THE process of cleansing the Serpentine of its mud deposits having at length been completed, the water has been admitted, and the lake has now resumed somewhat of its natural appearance.

A PLAN for the drainage of Walton-on-Thames, so as to effectually exclude the sewage from the river, has been sanctioned by the Secretary of State, and will be proceeded with at once.

THE Guildford local board, following the advice of Mr. Macdougall Smith, have finally decided upon Millmead Meadow as the site for a new well to supply the town with water. Fever cases continue to decrease in number.

OUR Edinburgh correspondent states that there has been an increase of fever lately in that city. Scarlet fever lingers in the crowded parts of the city; but fever of the relapsing type has been more frequently met with.

WE understand that there has been a good deal of small-pox prevailing at Hounslow, and that the military stationed there have had several cases.

IN consequence of the recent baby-farming disclosures, it has been resolved to establish an "Infant Life Protection Society," having for its object to procure legislation for the registration and supervision of nurses who receive other people's children into their homes. A meeting on the subject will be held at the Social Science Rooms, Adam-street, Adelphi, on Nov. 1st, at 3 P.M.

THE third Sunday in December has been fixed upon for "Hospital Sunday" this year in Manchester; and it is in contemplation to extend the area of operations, so as to cover a circuit of thirty miles round the city.

WE are informed that small-pox is raging at Genoa, and carrying off by death some fifty or sixty persons a day.

YELLOW FEVER AT BARCELONA.

THE outbreak of yellow fever at Barcelona, after causing a stampede among the inhabitants such as only the plague at Athens or Milan would have justified, has at length subsided, and the next official announcement may inform us that it has all but disappeared. The visitation, however, will not have been without its lessons for the Barcelonese, if it have convinced them that they enjoy no immunity from the neglect of sanitary laws, and that they must make some attempt at public and personal cleanliness if they would ensure themselves against such an invader in future, and such humiliating exhibitions of helplessness and cowardice at the first signal of his approach. The Spanish physicians, moreover, who, unless they have studied in Paris, are apt to perpetuate the traditions of Dr. Sangrado, should feel the rebuke implied in the almost universal flight of the inhabitants, and endeavour to establish some claim to confidence by a more intelligent anxiety as to public health and a juster insight into the causes and course of epidemic disease. Strange to say, with all their opportunities for the study of yellow fever, the Spaniards have contributed nothing either to its diagnosis or treatment; and, as the able correspondent of the *Pall Mall Gazette* at Barcelona hints, it was some time before the local doctors could make up their minds that the outbreak was one of yellow fever at all. They seem to have confounded it with remittent. It may not be inopportune, therefore, to recapitulate the distinctive features of the two fevers, especially as the means of doing so with accuracy and clearness have been supplied us by the very able treatise on the subject by Dr. James J. L. Donnet, Deputy Inspector-General of the Royal Naval Hospital in Jamaica. Dr. Donnet's experience of yellow fever at Port Royal during the latter part of 1866 and 1867 may be of use to the profession, not only at Barcelona, but in New York, Bermuda, and the Spanish Main.

Remittent fever is observed in low, marshy grounds, and hot climates, whereas yellow fever, when communicated, may exist in all climates and at great heights. Remittent, again, has a slight and ill-defined cold stage; in yellow fever chills are always observable initiating the disease. In the former, there is remission in the morning; in the latter there is no remission, but continued fever throughout. In remittent, abstraction of blood is tolerated; in yellow fever it is not. Albuminous urine is the exception in remittent, while in yellow fever it is the rule. The spleen is enlarged, but the liver is not affected, in remittent; the spleen is not enlarged, and the liver is invariably affected, in the other. The urine in remittent is rarely suppressed, while in yellow fever it is suppressed as a rule, either partially or totally. Hæmorrhage from the stomach in bad cases is the exception in the former; whereas in the bad cases of the latter it is invariably present. Death never supervenes from remittent before the seventh day; while in yellow fever death is common on the third day. One attack of remittent gives no immunity from future ones; whereas one attack of yellow fever is never followed by a second. Immunity from attack is almost perfect in the case of the latter after three years' constant residence in the lowlands; while the former will recur after any number of years' residence. Negroes and the coloured population are as subject to remittent as the white; whereas yellow fever rarely attacks the negro, and as the shade of colour deepens the liability to the disease becomes less. Remittent is of a non-contagious, while yellow fever is of a highly contagious character. Remittent yields at once to quinine; yellow fever sets that drug at defiance. Convalescence from remittent is protracted, but from yellow fever it is less so. Remittent fever frequently merges into intermittent; yellow fever never. Finally, there is observable in patients from the latter disease a peculiar odour, unknown in the case of remittent.

From this series of contrasts, Dr. Donnet thinks the local physician may at once determine to which malady such patients as those at Barcelona and New York are victims. But of the causes which generate yellow fever, we are as ignorant as the Spaniard himself. The latter, however, will be none the worse for knowing what that fever is *not*; while it may quicken his preventive activity to learn that, in common with every form of febrile blood-poisoning, its virulence may be abated, if not wholly neutralised, by such attention to sanitary laws as is observed in Protestant countries.

THE DRAINAGE OF LINCOLN.

MR. ARNOLD TAYLOR, the Home Office Inspector, has been holding an official inquiry into the sanitary condition of the City of Lincoln, and there is now on record evidence which more than suffices to justify the course taken by the parties at whose instigation the inquiry was ordered. The burden of the charge brought against the local board was that, although it had been four years and a half in existence, it had failed to introduce any system of drainage whatever, and that it had taken no steps for cleansing the river Witham from pollutions which rendered it a source of danger to the health of the inhabitants who lived or worked in its vicinity. According to the evidence of the surveyor to the local board, four drains, at a cost of under £200, represent the efforts of the board as regards drainage during four years and a half, and three of these drains discharge into the river or one of the dykes. In fact, if no other witnesses had been called the testimony of this gentleman

would have been sufficient to prove the memorialists' case. There was no drainage at all in most cases, none that he knew of in others, while large public institutions, like the workhouse, the Bluecoat School, and the lunatic asylum, he knew had applied in vain to the board for drainage outlets. In reference to one district of the city he said: "I don't know of any drains, but I know there is a necessity for some." Dr. Harrison, medical officer of health to the board, Mr. Sympson, surgeon to the County Hospital and Gaol, Mr. Male, house-surgeon to the Dispensary, Mr. Broadbent, one of the district medical officers and governor of the Lunatic Asylum, and Mr. Lowe, M.R.C.S., the city coroner, all testified to the unhealthiness of the present state of things. They showed that, from the porous nature of the soil in the higher parts of the city, the liquid matter from the cesspools found its way into the springs, that the smell from the river and the dykes was most offensive and dangerous, and that to these causes much of the sickness and disease which frequently prevailed was attributable. In answer to these statements, the case submitted on the part of the board was that the members had not been able to make up their minds what was the proper system of drainage to be adopted; they had consulted engineers and received estimates, but these latter were so discrepant that the board did not know what to make of them. Then again a system of sewerage involved the question of water-supply, and these two undertakings would necessitate an expenditure of upwards of £100,000—"more than a year's income of the city." The board were most anxious to do all in their power to diminish the mortality, but they were unwilling to embark in costly experiments.

Mr. Taylor announced to both parties that he should go and see things for himself, and the inquiry terminated. His report will be awaited with interest in Lincoln.

In connexion with this drainage question a notable instance of the way in which facts are apt to upset preconceived notions has occurred since the inspector's visit. Some time ago a member of the local board expressed in rather strong language a wish that it might rain hard the day before the inspector came, and then it would be seen what a clean place Lincoln was. As matters have turned out it seems probable that, had this wish been realised, Mr. Taylor would have been saved the trouble of any inquiry; for a heavy storm which came shortly *after* his inspection is said by the *Lincolnshire Chronicle* to have produced "a startling effect." In the Brayford basin hundredweights of fish came to the surface, either killed outright or stupefied by the sudden inflow of sewage, the quantity of carbolic acid thrown into the drains just prior to the inspection no doubt increasing the destructive influence of the sewage upon the fish. The powerful odour of carbolic acid appears to have attracted attention by its exceptional predominance on the day of Mr. Taylor's visit.

THE ANGLO-AMERICAN AMBULANCE.

DR. M'CORMAC, having just returned from the seat of war, has addressed a letter to Colonel Loyd Lindsay, in which he gives a brief summary of the work performed at Sedan by the Anglo-American Ambulance, which started from Paris under the auspices of the French society. After arriving at Sedan an effort was made to reach the front and MacMahon's head-quarters; but owing to a combination of circumstances the ambulance was detained, on the night of the 30th August, at the military station near Sedan. The Emperor, MacMahon, and the whole *etat major* arrived during the night. Negotiations were completed which placed Drs. M'Cormac and Sims, the chief surgeons, in possession of a large hospital of 384 beds, on the battle-field itself. Without taking into account Dr. Frank's labours at Balon, the number of cases whose wounds were dressed or who received hospital treatment amounted in all to 1193. The number of deaths was 117, 30 at least being from pyæmia. The mortality was large, but Dr. M'Cormac does not consider that it has been by any means excessive. Pyæmia was the main cause of deaths after operation, and this scourge, we are assured, was quite as common, if not more so, in small houses and chateaux with only a few cases, as it was in the larger establishments. The excisions and resections of joints and long bones were 15, of which 7 died; and of 77 amputations, 30 were fatal. An increase in the rate of mortality was noticeable after the 9th and 12th September, and this increase was attributable, in Dr. M'Cormac's opinion, to the reception of patients from other ambulances.

A word in conclusion. Dr. M'Cormac has performed his duty, under very trying circumstances, most nobly, and well merits all the encomiums he has received. We anticipate a more detailed account of his surgical experience at an early date.

LEVERETT *VERSUS* THE STEWARD OF ST. THOMAS'S HOSPITAL.

ON Saturday last, Mr. Ellison, the magistrate sitting at the Lambeth Police-court, gave his decision in respect to the charge made by Mr. Leverett, a wine porter, living in Horace-street, Spring-place, Wandsworth, against Mr. Walker, the steward of St. Thomas's Hospital, of having contravened the provisions of the Anatomy Act by allowing the removal of the dead body of Leverett's wife from the ward in which she died on Sunday, the 18th ult., for the purpose of an anatomical examination, at 9.30 the next day.

Dr. Gould, of the American bar, represented the complainant, and Mr. Poland appeared for the hospital authorities as before.

Mr. ELLISON gave his decision as follows:—This is a summons by the complainant, Mr. Leverett, against the steward of the hospital for non-compliance with the provisions of the Anatomical Schools Act, the 9th section of which requires that, amongst other things, forty-eight hours shall elapse before the removal of a dead body for the purposes of anatomical examination. This has been properly described as a matter of great public interest. It is most important, on the one hand, that the feelings of surviving relatives should not be outraged by hasty or indecent proceedings; on the other hand, it is of equal importance that the researches of science, by which medical knowledge is extended, and by the prosecution of which alone we can hope to cope with disease, should not be fettered by unnecessary restrictions. The complainant seems to have felt a reasonable annoyance that a post-mortem of any kind should have been carried on without his knowledge and sanction; and he seeks to know, in the first place, whether that examination was properly carried out—i. e., whether, apart from the legal aspects of the question, what was done was done with decency and propriety; and, in the next place, whether in doing so the provisions of the Act were contravened. With regard to the first part of the question, it has been fairly and fully met and answered by the authorities of the hospital. The patient died under circumstances which made an examination advisable. The examination was conducted with decency and propriety; the regulations of the hospital were in no way departed from, but it was conducted without the knowledge or consent of the complainant; and though it is the case that the complainant had made no application at the hospital during the whole of the day after the patient's death—and that day Sunday—and it might not, therefore, have occurred to the authorities that any objection was likely to be felt on the part of the husband; yet they knew that he was aware of his wife being there, and that he had been asked, and had agreed, to bring her some necessaries, such as a change of linen; that he had been at the hospital on the 16th, and again on the 18th, when he saw her dead body; that he expressed his intention to remove her on the Monday at 9.30, and went at that hour for the purpose. I think, therefore, that it would have been better if they had taken some little trouble to put themselves in communication with him, and ascertained his feelings on the subject before proceeding to the examination; and I would strongly urge upon them that it is advisable, whenever it is practicable to do so, to take the addresses of the representatives of patients, and to place themselves in communication with them before proceeding to an examination. I am, however, obliged to come to the conclusion that there was no removal, as contemplated by the statute, in this case, and for that reason I must dismiss the summons.

The complainant said that he should like to carry the matter further, and asked if there was power of appeal.

The Magistrate: Your attorney will inform you as to the best steps to be taken in that respect.

Dr. GOULD said that, after the singularly irregular intrusion of the complainant, without any consultation with him as his solicitor, he thought it right to say that some little complaint had reached him, because he had not on the former occasion entered on the question of his consent having been asked to the performance of the post-mortem examination. He was anxious to state it publicly, that at the time there was pending a summons which would have raised the question; but he did not know until after the witnesses for the defence had been heard that it would be necessary to withdraw the case where the wrong party had been summoned.

The Magistrate intimated that it had been rightly withdrawn.

Dr. GOULD.—I may say that I anticipated your Worship's decision with regard to the impracticability of the Act.

Mr. POLAND.—I may say that the authorities of the hospital will be prepared to meet any further proceedings which the complainant may choose to take.

The 9th section of the Anatomy Act of 1832 provides,—"That in no case shall the body of any person be removed for anatomical examination from any place where such person may have died until after forty-eight hours from the time of such person's decease, nor until after twenty-four hours' notice, to be reckoned from the time of death of such deceased, to the inspector of the district, of the intended removal of the body; or if no such inspector shall have been appointed, to some physician, surgeon, or apothecary residing at or near to the place of death; nor unless a certificate, stating in what manner such person came by his death, shall, previously to the removal of the body, have been signed by the physician, surgeon, or apothecary who attended such person during the illness whereof he died; or if no such medical man attended such person during such illness, then by some physician, surgeon, or apothecary who shall be called in after the death of such person to view his body, and shall state the manner or cause of death according to the best of his ability and belief. But he shall not be concerned in examining the body after removal; and that in case of such removal such certificate shall be delivered, together with the body, to the party receiving the same for anatomical examination."

Correspondence.

"Audi alteram partem."

THE USE OF PURGATIVES.

To the Editor of THE LANCET.

SIR,—Observing in your impression of the 1st inst. an article on the judicious use of purgatives, I have been induced to present to your notice the result of treatment of dysentery on the following plan, as came under my observation some months since while acting as surgeon to the London, French, and New York Steam Service. I had on previous occasions tried it on a limited scale, and meeting with fair results I was desirous of renewing my trials. Having entire supervision, and every advantage at my command, I considered this a fair opportunity for final results.

When a day's sail from France, I was accosted in my limited walk by a man from France, who presented an extremely haggard appearance—eyes sunken into the sockets, and the very picture of woe. He was very feeble, having to support himself against the side of the ship, "Monsieur le docteur, regardez moi! Je suis très beaucoup de malade." I made him sit down and explain his case. He had been a soldier for many years, and had passed much of his time in the tropics, where he had suffered considerably from dysentery, and on several occasions since his return, which had more than once brought him so low that the surgeons had slight hopes of his recovery. During the last twenty-four hours spent on land he had had five evacuations; since entry on ship, twelve. The last two were of decided dysenteric character, accompanied by much tormina and tenesmus, and considerable quantity of blood.

Taking this as a typical case, I determined forthwith to put into execution my plan of treatment. I ordered him to hospital, gave my steward strict orders that the room should be kept as cool and free from smell as possible; for the accomplishment of the latter I had liberal resort to the use of carbolic acid. I gave him then a large cup of arrowroot (about a pint), two ounces of sherry, and strong barley-water, of which he partook freely.

About 1 o'clock I repeated my visit, but, finding no improvement, I determined on applying an enema of arrowroot mixed with gum acacia. Continued the diet with sherry every four hours, as he was then in a very weak condition, adding to the barley-water some gum acacia.

At 8 P.M., before turning in, I saw him, and learned that there had only been five motions passed since my last visit, and considerable less blood. I gave him a cup of strong beef-tea, which he relished very much.

On the following morning his expression of face presented the appearance of great diminution of pain, and he had only five motions during the last twelve hours, not a trace of blood being visible in the last one, which was preserved for my inspection. He was greatly surprised at not having received any medicine by mouth. I told him I had hopes of his recovery by that sole treatment.

I continued the same treatment during the whole of the day, but towards evening there was a tendency to relapse into the old state, so I considered it advisable to renew the enema. I gave, in addition, milk (Anglo-Swiss) a glassful every two hours if required.

On the morning's visit he had passed but three motions, and from that hour began gradually to improve; in a few days he was able to move about, and during the severe heat of Gulf-stream latitudes he enjoyed perfect health.

Several other cases appeared; some I treated entirely by astringents (drugs), but the most satisfactory results I attained by the former method, which I may say was decidedly more pleasant to "Jack," and he was more grateful for my "medicines" than he would have been to a captain's doctor, who presents him with the wishing cup of a half-pint or so of rhubarb mixture, which, under force of circumstances, he accepts, but with a very bad grace, walking off to the forecastle blessing the "old man." I omitted to state that on one or two occasions, when in extreme pain, I gave my patient a few whiffs of chloroform.

I remain, Sir, your obedient servant,

Oct. 6th, 1870. LOGAN D. H. RUSSELL, M.D.

THE DEPUTATION ON DISEASE REGISTRATION.

To the Editor of THE LANCET.

SIR,—The effect of a very condensed report of a conversation, like that between Mr. Goschen and the deputation from the British Medical Association and the Poor-law Medical Officers' Association, is often misleading. *The Times* report of the interview might leave the impression that the representatives of the British Medical Association authoritatively repudiated the principle of the Irish dispensary system, and that Mr. Goschen repudiated the figures on which I have based some of the chief arguments for a modification of our medical relief arrangements in England and Wales. Neither of those ideas is correct. The representatives of the British Medical Association had no authority to express either approval or disapproval of the Irish system. As for Mr. Goschen, he did not criticise my figures at all. He simply commented on my reference to what should be the limit of population assigned to a district medical officer, by remarking that, as the status of the inhabitants of a district often varied considerably, a mere population basis would be probably fallacious, and by referring to the weak point of the Irish system, the alleged indiscriminate issue of dispensary tickets, elicited a general disapproval of the adoption of that feature of the system here.

I am, Sir, yours obediently,

Dean-street, Soho, Oct. 19th, 1870. JAMES ROGERS.

To the Editor of THE LANCET.

SIR,—I suppose it is almost unnecessary to state that the report in *The Times* of the deputation on Poor-law Registration is incorrect in making me call myself a

physician "in large general practice." The only claim I made on Mr. Goschen's attention was that of being a member of the committee on Out-patient Hospital Reform.

I am, Sir, your obedient servant,

Wimpole-street, Oct. 19th, 1870. FRANCIS ED. ANSTIE.

THE SURGERY OF THE WAR.*

(FROM OUR SPECIAL CORRESPONDENT.)

I ARRIVED at Arlon, then the head-quarters of the Society for Aid to the Sick and Wounded, on September 9th, expecting to be hurried off at once to the scene of the late fearful battles near Sedan, where, as we had heard in England, thousands were lying, with a very inadequate number of worn-out surgeons attending them. I was therefore rather surprised when Captain Brackenbury informed me that he had telegraphed to England nearly a week before that no more surgeons were wanted, as he already had more than he knew what to do with. I was accordingly condemned to three days' inaction in the dull town of Arlon, at the end of which time it was discovered that the staff of the Anglo-American ambulance at the Caserne d'Asfeld, Sedan, had been greatly overworked ever since the battle, and were in want of further help. I was accordingly ordered off at once to join Drs. Sims and M'Cormack at that place.

During the time I stayed at Arlon I had full opportunity of observing the mode of distribution and nature of the stores sent from England. At this time the depôt had only lately been moved from Luxemburg to Arlon, where the Society had obtained the extensive vaults of the Palais de Justice as a storehouse. Of course order was not then fully established; but at the present time, under the skilful management of Mr. Bingley, the chief store-keeper, the arrangement is so perfect that any article could be found in the dark. In company with Dr. Roger, of Aberdeen, who came out the day after I did, and who worked most energetically in arranging the medical stores, I looked over the whole stock of drugs, splints, &c. We found a great want of judicious selection in the things sent from England, which I think could hardly have occurred if the stores had been examined and chosen by some medical man at the chief depôt in London. Opium in all forms, quinine, chloroform, and hydrate of chloral were in enormous quantities, and I should think we found some gallons of liq. ammon. fort. and pints of tincture of camphor, but there was no chloride of zinc, or perchloride of iron, or ipecacuanha, and great want of aperients of all kinds. Bandages, lint, and charpie were in fair quantity, but I could have carried all the splints under my arm, and there was no plaster-of-paris. Carbolic acid was in considerable quantity, but not equal to the demand. At the present time all these wants have been abundantly supplied. We found many things sent no doubt with the best intention, but of no earthly use—relics of former illnesses, such as an old elastic knee-cap soaked in pus, several old elastic stockings, an abdominal support for pregnancy, baby-linen, worn-out enema syringes, old trusses, rusty instruments of peculiar and antiquated forms, and also a store of old kid gloves, and a large stock of English religious works. Before the middle of September, however, large numbers of new surgical instruments by the best makers arrived from London. The general stores consisted of beds, blankets, sheets, clothes, preserved meats and soups, Liebig's extract, condensed milk, biscuits, &c., all in great abundance. Bread, hams, and tobacco were also bought in considerable quantities in the town of Arlon, and sent where most needed. These stores were distributed to the country round Metz and Sedan by means of large convoys of country waggons, each convoy being under the charge of some English gentleman, as without such protection the drivers dare not venture upon French soil; and, moreover, they could not be trusted not to steal the whole lot of the stores unless carefully watched.

At last, on September 12th, I got off in company of one of these convoys, consisting of eleven waggons bound for the Anglo-American ambulances at Sedan, Bazeilles, and Balon. The journey, which took two days, was performed at a slow walking pace, and through pouring rain all the way.

The hospital occupied by the Anglo-American ambulance at Sedan was the largest and best in the whole place, being a large barrack situated in the highest part of the town within the enclosure of the citadel, and commanding from its southern windows a splendid view of the Valley of the Meuse, and the town lying about 100 ft. below, the descent being perpendicular for nearly 50 ft. at a distance of about 20 yards from the front of the building. To the north and west, and partly to the east, it is sheltered by the ramparts, which rise above it to the height of about 40 ft., at a distance varying from 50 to 100 yards. The hospital itself is a rectangular two-storied building, supposed to be bomb-proof, its walls being of enormous thickness, and its roof flat. Each ward consists simply of a whitewashed arch of solid masonry, running across the building, and having at each end a large window about 10 ft. high by 7 ft. wide. Each ward communicates with those on either side of it by a door in the middle. The floor is asphalted and there are no fire-places or any other means of heating, so that although in summer-time it made a splendid hospital, in winter ventilation would have been impossible without endangering the lives of the patients from cold. During the day both windows were kept constantly open, but at night the upper part only, leaving an aperture about 7 ft. by 4 ft. The through-and-through ventilation was therefore most perfect, though not unaccompanied by draught. There were fourteen full-sized wards, each containing twenty beds without crowding; two similar wards, half occupied by the staircases, contained about twelve each; and there were two small rooms at the end accommodating about a dozen more; so that the whole capacity of the hospital was over 300 beds. Two rooms of similar construction to the rest, and reaching half across the building, served as quarters for the medical staff. The kitchen and closets were in a separate building at the western end, but the latter were in so foul a condition as to be useless, so that all the excreta had to be buried daily as far as possible from the hospital, and all foul linen, bandages, &c., were burned every morning. The water-supply was from a well, and would doubtless have been very good, had it not been for three Zouaves, who were either blown into the well by a shell, or had tried to take refuge in it, and were drowned, and whose bodies were not discovered until ten days after, by which time they had seriously polluted the water. At the east end of the ground, sloping up towards the ramparts, at the time of my arrival there were about twenty or thirty tents, containing a few fever cases and a considerable number of wounded; a few days after, however, the fever patients were removed, and room was made in the building for the wounded by evacuating some of the slighter cases. All the tents were then pulled down except three or four which were kept for cases of erysipelas, pyæmia, &c. At a short distance from the main building was another house, which served as a store-house, and as a barrack for the *infirmiers* and other servants of the hospital. One room at the end of the hospital was set apart as a "pharmacie," and was presided over by a French "pharmacien." The hospital was amply supplied with iron bedsteads and straw mattresses, which, I believe, belonged to the place when it was a barrack. The nursing was at first conducted by an efficient staff of *infirmiers*, and some trained dressers from the French military hospitals, who were all under the command of a lieutenant, under military law. Being prisoners, they were, of course, also under the control of the Prussians, who respected their red cross badge as long as they behaved themselves, but on any misconduct they were punished by being sent off as prisoners of war to Germany. The Prussian authorities gave considerable trouble by frequently changing, or even suddenly removing, large numbers of these men; at one time leaving the hospital almost destitute of nurses of any kind. To prevent this recurring Dr. Sims obtained a number of female nurses from the town, in addition to the *infirmiers*. Several English ladies, among whom were Miss Pearson, Mrs. Mason, and Miss Neligan, were also attached to the hospital, and worked indefatigably, rendering the greatest assistance, especially in the distribution of extra

* The manuscript notes forwarded by our correspondent contain a large amount of information, which our space compels us to publish by instalments.

food and stimulants to those who needed them. In spite of all this, however, the nursing was lamentably insufficient during the time at which the hospital was most crowded; many patients, I am afraid, being lost who might have recovered could they have received all the attention and regular stimulation which we are used to see in a London hospital. The food supplied consisted chiefly of bread, bouillon and the meat from which it was made, and rice, with a sufficient quantity of "vin ordinaire"; in addition to which eggs and milk, strong soup, and stimulants, such as brandy and port wine, could be obtained in moderate quantities when required.

The organisation of the medical staff was as follows. Dr. Marion Sims was the chief of the ambulance, and confined himself to supervision of the whole arrangements, hygienic and otherwise, of the hospital and its inmates, and to dealing with the numerous Prussian authorities who frequently came on visits of inspection. His command was absolute, according to military style, and it is impossible to admire too much the energy and tact with which he used it. It was solely owing to his judicious generalship that the Anglo-American ambulance managed, not only to be at Sedan at the critical time, but also to secure the best hospital in the whole town. Second in command was Dr. M'Cormack, of Belfast, who undertook the onerous duties of performing all the operations, and keeping all the records of the hospital—an amount of work which might almost have been considered too much for one man. The rest of the staff consisted of about twelve surgeons, among whom were Drs. Pratt, Clark, Markham, May, Wyman, and Messrs. Parker, Duncan, Warren, Beck, &c., and about six dressers. It is much to be regretted that no regular system of note-taking by the surgeons in actual charge of the patients was organised, and that post-mortem examinations were the exception and not the rule. During the first few days this doubtless was impossible, but it might surely have been accomplished before the end of the second week, at which time I first saw the hospital.

GLASGOW.

(FROM A CORRESPONDENT.)

A CERTAIN class of practitioners in this city have been seized with a virulent attack of what, regardless of the laws of philology, I may call "special-institution-phobia." The symptoms are well marked, and are shown in a violent antipathy to everything and everybody even remotely connected with hospitals or dispensaries in which special diseases are treated. The hatred of these institutions has lately been manifested in several curious ways. Some relieve themselves by indignant epistles to the daily newspapers. A surgeon has been waited upon by a deputation of them, and politely informed of their intention not to consult with him unless he cut his nominal connexion with one of the detested institutions. The election of the present President of the Medico-Chirurgical Society was imperilled on account of his connexion with the same institution; and at the October meeting of the Society two candidates for the membership were blackballed—one of them admittedly for his holding some office in one of the odious institutions, and the other for the unpardonable sin of *being suspected* of having written an anonymous letter to a local paper advocating the institution of a children's hospital! It is obvious that if this illiberal policy be persisted in, it will inevitably result in the destruction of the Society. Many of these special charities have no doubt a questionable origin; and it may be that, in regard to the general public, their influence is on the whole not calculated to foster habits of independence. But in several cases they might make out a good *raison d'être* as being indispensable in supplying an educational desideratum. At all events, such violent and indiscriminating opposition can do nothing but engender and embitter professional animosities.

A Children's Hospital is to be erected in connexion with the New University Hospital. The building of the latter institution, however, has not yet been commenced.

The New University buildings will be opened on the 7th of next month, but without any imposing ceremonial inauguration. The buildings are very far from being near completion, and for the first session at least the sound of the artificer's hammer will sadly disturb the academic repose.

The Faculty of Physicians and Surgeons lately requested Dr. A. D. Anderson, a former President of the Corporation, to sit for his portrait to be hung in their hall. The formal inauguration of the portrait took place on the 27th ult.

Glasgow, October 17th, 1870.

YELLOW FEVER AT NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

NEW YORK was startled a few days since by the announcement that yellow fever was within its borders. On inquiry, it was found that a fever which had prevailed for six weeks among the troops on Governor's Island was real yellow fever. This island is situated at the confluence of the Hudson and East Rivers, and is but one hundred yards from the Brooklyn Docks, and not five hundred from the centre of New York commerce. It is entirely occupied as a military station, having an area of twelve square acres. It is a rock formation, having an elevation at its highest point of about twenty feet above the tide-water, and being covered with a thin soil. At the commencement of the outbreak there were five hundred soldiers in the barracks, and a number of families. The first cases were regarded as pernicious remittent fever, and it was not until it appeared among persons from the city visiting the sick that it attracted the attention of the health authorities. These cases occurred as follows:—A labouring man, with his wife, sister, and brother, attended the wake of one of the soldiers on the island; within seven days from that date they were all seized with fever, and after an illness of from four to six days they all died. The history of the cases was imperfectly given, and but one autopsy was made. This was not regarded as conclusive. A careful examination of the cases on the island by an expert, under the direction of the Board of Health, settled the question that the fever was, and had been from the first, yellow fever. The sick were immediately removed to the quarantine hospitals, the clothing destroyed, and the barracks disinfected. The total number of deaths is twenty in one hundred cases. More radical measures will, however, be required, for six new cases occurred yesterday among the troops. Nine cases have occurred in the city among the tenement houses, but thus far all the sick had previously visited the island. The danger to the city is great, for to a hot and dry summer has succeeded a hot and dry autumn.

The origin of the outbreak would seem to be this. Early in August three vessels from infected ports evaded quarantine, and went to the Atlantic Docks, Brooklyn. These docks are directly opposite the end of the island where the fever broke out, and not one hundred yards distant. The first case occurred on August 14th, in a boy who spent his evenings in a small grocery near the water; the second case was a boy living in this house; the third was the keeper of the store; and from this point it spread. It seems probable that the store was infected by refuse thrown from these ships.

New York, Oct. 3rd, 1870.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 13th:—

Dubois, Louis Victor, Mauritius.
Hardman, William, Blackpool.
Newington, Frank Enefer, Tenterden.

As Assistant in Compounding and Dispensing Medicines:—

Roberts, Joseph Elliott, Great Osmond-street.

The following gentleman also on the same day passed his first professional examination:—

Wright, Francis, St. Mary's Hospital.

DR. WM. JOHNSON SMITH, of Weymouth, has been placed on the Commission of the Peace for the county of Dorset.

UNIVERSITY OF CAMBRIDGE.—The following medical examiners were appointed last week by the Senate of the University of Cambridge:—Messrs. C. Trotter, Trinity, and T. W. Danby, Downing, for the first examination for the degree of M.B.; Dr. Drosier and Mr. John Wood, F.R.C.S., for the second examination; and Dr. Paget and Dr. E. Liveing, for the third examination. Messrs. Savory, F.R.S., and Lestourgeon, Trinity College, were appointed examiners for the degree of Master in Surgery; and Dr. Barclay, Assessor to the Regius Professor of Physic.

UNIVERSITY OF ABERDEEN.—The following appointments for 1870–71 were made at the last University Court:—Professor of Chemistry, Joseph H. Franklin; Professor of Materia Medica, Alexander Dyce Davidson, M.D.; Professor of Medical Jurisprudence, Alexander Ogston, M.D.; Examiners for Graduation in Medicine, David Fiddes, M.D., Angus Fraser, A.M., M.D., and John Robert Trail, M.D.

THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—At a meeting of this Corporation, held on the 5th inst., the following office-bearers were elected for the ensuing year:—President, J. G. Fleming, M.D.; Visitor, Wm. Weir, M.D.; Treasurer, John Coats, M.D.; Honorary Librarian, J. D. Maclaren, M.D.; Vaccinator, James Dunlop, M.D. Councillors: the President (*ex officio*), the Visitor (*ex officio*), Drs. G. Buchanan, Eben. Watson, James Stewart, Robert Scott Orr, and H. R. Howatt.

THE MIDLAND MEDICAL SOCIETY.—At the opening of the session in the Midland Institute, Birmingham, on Wednesday, the Council Report told unmistakably of increased usefulness and prosperity. Nineteen Fellows were added during the past session, and the resignations had never been so few. It was admitted on all hands that the retiring president, Mr. S. A. Bindley, had powerfully contributed to the satisfactory state of things. Dr. Keyworth has been elected his successor. Mr. J. St. S. Wilders, the senior secretary, has retired, after holding the office very ably for five years. Dr. Sawyer and Mr. Slingsby Mann are now the secretaries of the Society.

THE Berlin Society for Help to the Wounded dispatched a few days ago an ambulance from the capital of Prussia to Pont-à-Mousson, under the direction of Professor Virchow. They carry warm clothing for the troops, medicines, and disinfecting agents.

THE boys of Christ's Hospital have presented to Mr. T. Stone, F.R.C.S., the resident surgeon, a very handsome suit, consisting of a drawing-room clock and candelabra, in the style of Louis XVI. They were from the establishment of Mr. Benson, Ludgate-hill, and bore the following inscription:—"Presented to Thomas Stone, Esq., F.R.C.S., by the boys of Christ's Hospital, grateful for many kindnesses. Oct., 1870."

THE CHOLERA IN ST. PETERSBURG.—The periodical called *Golos* states that, up to Sept. 11th, there were 107 cholera patients in the Civil Hospital. From Sept. 11th to the 18th, the number increased to 151; from the 18th to the 24th it rose to 185. Out of these patients, 52 recovered, 80 died, and 44 were improving.

THE Prince of Wales has transmitted to the Lord Provost of Edinburgh a cheque for 100 guineas towards the cost of the new infirmary, and has expressed his satisfaction with all the arrangements connected with the ceremony of laying the first stone of the new building.

HIGHGATE INFIRMARY.—On Tuesday the members of the Metropolitan Sick Asylum Board, under the presidency of Alderman Sir Sydney H. Waterlow, took formal possession of the Highgate Infirmary, as the hospital of the sick poor of that division of the metropolis which comes under their control—namely, the parishes within the city of Westminster, St. Pancras, Bloomsbury, and Holborn. The western wing of the infirmary has been occupied for some months past by the sick poor of St. Pancras drafted from St. Pancras Workhouse, and now the other wards are prepared for those of the other parishes. In addition to the board there were a number of ladies and gentlemen visitors, who expressed themselves highly delighted with the general character of the building and its arrangements. In the evening Sir Sydney Waterlow gave a magnificent entertainment to his colleagues, the members of the board, at his residence, Fairseat House, Highgate.

Medical Appointments.

ANDERSON, J., L.R.C.P.Ed., L.F.P. & S.Glas., has been appointed Surgeon to the Inveraray Prison.

ARNISON, W. C., M.D., has been appointed Medical Officer to the Post-office at Newcastle-on-Tyne.

BARTON, F., M.R.C.S.E., has been appointed Assistant Medical Officer for St. Giles and St. George's, Bloomsbury, vice John Carr, M.R.C.S.E., resigned.

BELLIS, E., L.K.Q.C.P.I., L.R.C.S.I., has been appointed a Demonstrator of Anatomy in the Ledwich School of Medicine, Dublin.

CUMBERBATCH, E., M.R.C.S.E., has been appointed House-Surgeon to St. Bartholomew's Hospital.

DUNLOP, W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Letterkenny Union Workhouse, vice Henley Thorp, M.D., deceased.

GIBSON, Mr. J., has been appointed Dispenser for the Township of Wigan and the Workhouse, vice Airey, resigned.

GOUDE, H., M.R.C.S.E., has been appointed Resident Obstetric Assistant at St. Bartholomew's Hospital.

HOGG, Dr. A. J., M.R.C.S.E., has been appointed House-Surgeon to St. Bartholomew's Hospital.

ILOTT, J. J., L.R.C.P.Ed., M.R.C.S.Ed., has been appointed Resident Medical Officer at the Whitechapel Union Workhouse, vice A. W. Champneys, M.R.C.S.E., and E. Richardson, M.D. (non-resident appointments determined).

JONES, W. W., L.S.A.L., has been appointed Medical Resident at the Tower Hamlets Dispensary, Commercial-road East, vice J. Mitchell, L.R.C.P.Ed., resigned.

KENNOT, A. B., M.R.C.S.E., has been appointed Medical Officer to the Reeth District and the Workhouse of the Reeth Union, Yorkshire, vice Wm. Smith, M.R.C.S.E.

LITTLEJOHN, S. G., M.B., L.R.C.P.I., has been appointed Resident Assistant Medical Officer to the Central London District School, Hanwell, vice G. W. Armstrong, M.R.C.S.E., appointed Surgeon to the Royal Hospital Schools, Greenwich.

LLOYD, A. E., M.R.C.S.E., L.R.C.P.Ed., has been appointed House-Surgeon to the North Riding Infirmary, Middlesborough-on-Tees, vice J. Lloyd, L.R.C.P.L., resigned.

MERSON, J., A.M., C.M., M.B., has been appointed Assistant Medical Officer at the Northumberland Lunatic Asylum, Cottingwood, Morpeth, vice R. Greene, L.R.C.P.Ed., appointed to the Sussex Lunatic Asylum, Hayward's-heath.

NORTON, G. E., M.R.C.S.E., has been appointed Chloroformist to the Middlesex Hospital, vice O. Vincent, M.R.C.S.E., resigned.

OWEN, A. L., B.A., M.B., M.R.C.S.E., has been elected a Medical Officer to the Royal Portsmouth, Portsea, and Gosport Hospital, vice P. W. Way, M.R.C.S.E., resigned.

STONEY, P. B., M.R.C.S.E., has been appointed House-Surgeon to St. Bartholomew's Hospital.

SYMONS, C. G., M.R.C.S.E., has been appointed Medical Officer for District No. 5 of the Sevenoaks Union, vice N. E. Cresswell, M.D., resigned.

YELD, H. J., M.D., M.R.C.S.E., has been appointed Provincial Medical Officer to H.M.'s Post-office at Sunderland.

YOUNG, A., M.R.C.S.E., has been appointed House-Surgeon to St. Bartholomew's Hospital.

Births, Marriages, and Deaths.

BIRTHS.

AUSTIN.—On the 10th inst., at Lingfield, Surrey, the wife of S. C. Austin, M.R.C.S.E., of a daughter.

BEST.—On the 8th inst., at Aberdeen, the wife of Dr. A. Vans Best, late Surgeon Indian Army, of a son.

CRANE.—On the 12th inst., at Hallaton, Leicestershire, the wife of Chas. A. Crane, M.D., of a daughter.

PEARSE.—On the 12th inst., at Canton, Cardiff, the wife of Reginald T. Pearse, L.R.C.P.Ed., M.R.C.S.E., of a son.

TEBAY.—On the 14th inst., at Cambridge-street, Warwick-square, S.W., the wife of M. J. Tebay, Esq., Surgeon, of a son.

MARRIAGES.

BALL—VAUGHAN.—On the 12th inst., at Christ Church, Heaton Norris, John Augustus Ball, M.B., Hon. Surgeon to the Stockport Infirmary, to Catherine Anne, eldest daughter of John Lingard Vaughan, Esq., of Eldon House, Heaton Norris, Lancashire.

SINCLAIR—HAMILTON.—On the 1st ult., at Simla (from the house of Staff Surgeon T. M. Bleckly, M.A., M.D., LL.B., brother-in-law of the bride), Surgeon Ed. Ward Malcolm Sinclair, 20th Brigade Royal Artillery, to Anna Catherine, daughter of Andrew Hamilton, Esq., of Raglan-road, Dublin.

SMITH—HOPE.—On the 19th inst., at All Saints, Knightsbridge, Heywood Smith, M.A., M.B., of Portugal-street, Grosvenor-square, son of Dr. Protheroe Smith, to Emily Anne Gertrude, third daughter of the late Lieut.-the Hon. James Hope and Lady Mary Hope.

DEATHS.

COLEMAN.—On the 11th inst., at Carlsruhe, Germany, Wm. St. John Coleman, L.R.C.P.Ed., of Miltown-Malbay, Co. Clare, aged 29.

DAWSON.—On the 11th inst., at Park House, Portobello, Wm. O. Dawson, L.R.C.P.Ed.

DEWAR.—On the 12th inst., at Little Dene, Burntisland, Andrew Dewar, L.R.C.S.Ed., late of Dunfermline, aged 78.

HENDERSON.—On the 13th inst., Wm. Henderson, M.D., of Rose-terrace, Perth, aged 86.

HUGHES.—On the 6th ult., at the College, Corwen, W. E. Hughes, Surgeon aged 32.

PALEY.—On the 19th inst., at Addison-gardens, North Kensington, James Paley, M.D., in the 52nd year of his age.

Medical Diary of the Week.

Monday, Oct. 24.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON. — 8 P.M. Casual Communications. — Dr. Richardson, "On the Medical Aspects of the Germ Theory."

Tuesday, Oct. 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Wednesday, Oct. 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
HUNTERIAN SOCIETY.—8 P.M. Adjourned Discussion on Mr. Bryant's paper "On Pyæmia."

Thursday, Oct. 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Oct. 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB. — 8 P.M. Mr. J. Slade, "On the Microscopical Characters of Cannel Coal."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Sutton, "On Two Cases of Scurvy."—Mr. Brudenell Carter, "On Cases of Optic Neuritis."

Saturday, Oct. 29.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

UNSTITCHED PUBLICATIONS.

WE have received several complaints about THE LANCET not being stitched as formerly. We are quite aware of the inconvenience and discomfort attending the perusal of an unstitched journal, especially when, as in the case of THE LANCET, it is composed of so many sheets, some of which are liable to become detached, and perchance mislaid. We would gladly have adhered to our old practice; but we have been compelled, of course, to conform in this respect to the new postal regulations. If THE LANCET were stitched, its postage would be according to the pamphlet rate, and cost three-halfpence; whereas, unstitched, it can be sent anywhere in the United Kingdom for one-halfpenny. We would advise each of our subscribers to get his number stitched immediately on its receipt.

Dr. Douglas A. Reid.—We have difficulty in commenting on the case in the absence of a public report. The principle of charging for medicines, as our correspondent does, is one that we had hoped had died out. Certainly the sooner it dies the better. Medicines should be either thrown into the charge for visits, or a mere nominal sum charged for them. The Judge acted very wrongly, we think, in not allowing fees for consultations.

Dr. James C. Dickinson's paper shall have early insertion.

OUT-PATIENT HOSPITAL REFORM.

To the Editor of THE LANCET.

SIR,—Will you be good enough to allow me to acknowledge in your next issue the receipt of the following sums towards the expenses incurred by the Out-patient Hospital Reform Committee:—Dr. H. J. Sanderson, *5s.*; Mr. John Scott, *5s.*; Dr. A. Grant, *2s. 6d.* Allow me also to thank those members of the profession who were present at the meeting on the 24th of March for the proof which their silent reply to my appeal has afforded of their generous appreciation of the labours of their Committee! May I add that it is expected the expenses will amount to nearly *£50*, and that I shall be glad to receive any further contributions.—Yours obediently,

George-street, Hanover-square, October, 1870. ALFRED MEADOWS.

THE GUARDIANS OF THE TIVERTON UNION AND THEIR MEDICAL OFFICER.

THE Guardians of the Tiverton Union have just passed a vote of censure upon the medical officer of the workhouse for not having certified an imbecile inmate, of the name of Emma Rendle, as insane, and thus securing her admission to the asylum. Judging from the information we have received, this censure is altogether undeserved. It appears that Emma Rendle has been an inmate of this workhouse many years, and that no one has ever proposed that she was dangerous either to herself or to anyone around her. She was, unless provoked, both quiet and harmless; but, like all such persons, she is liable to violent outbursts of passion when hurt or oppressed. About a month ago it was alleged that she was very roughly treated by the porter, who took it upon himself to force her into the hospital without any orders from the master or other superior officer. The medical officer saw the traces of considerable violence, and naturally expressed a wish to the master that steps should be taken to prevent a recurrence of similar treatment. The guardians thereupon required their medical officer to furnish a special report of the case. This report affirmed that she was of weak mind, and that she had little or no control over her temper; that, in consequence of the violent treatment she had received, there had been an explosion of her temper, during which she had broken several panes of glass; that at the time of the report she had become quiet, and would remain so if she received consistent and non-irritating treatment. This was regarded as a charge against the other officers, and the medical officer, for a confidential statement, is thus made public prosecutor. The result of the inquiry does not state whether or not improper violence was used, although the evidence was conclusive on this point, but censures the medical officer, as we have already noticed. It is to be regretted that some other medical man was found willing to certify the insanity of the girl without any communication with the medical officer of the workhouse, and, of course, without other evidence than that of the officials, who were probably anxious to be rid of her. If the guardians, instead of censuring an officer for the simple performance of his duty, had issued strict orders that no violence should in future be used, they would have given the public a higher opinion of their humanity towards the numerous unfortunate imbeciles who are of necessity confined in workhouses. It is simply monstrous to send such persons to lunatic asylums, where they interfere with the successful treatment of curable cases, and cost twice as much to the ratepayers.

P. J. H., (Nottingham.)—Thanks. Our correspondent's communication is not forgotten.

MEDICAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—Having read Mr. Mouritz's disingenuous defence of his breach of professional etiquette, will you kindly allow me to supply a few facts which he suppresses, and some which he misrepresents and distorts.

Mr. Mouritz states that on his arrival at the patient's house, he could find no messenger to send for me. *Now*, that is a strange statement, considering that the patient is respectable and in good circumstances, and that the neighbourhood in which she resides is thickly populated. He says that, returning, he visited the works of Messrs. Pilkington and Hutchinson, and that these works are a considerable distance from my house. True, individually; but my house is on the high road between these works, and therefore Mr. Mouritz necessarily passed it on his way from one works to the other, and, if it suited his dignity better to take a bye-lane, five minutes' divergence would have sufficed to bring him to my house. He states that he asked whether I proposed a consultation, and that the husband replied, "Never to me, and I was not aware that he had proposed a consultation to anyone until you had seen my wife." Does not the word "*anyone*" in this sentence show, even to those whose notions are "hazy"—much more to a gentleman of such clear conception as Mr. Mouritz,—that I did propose a consultation to *some one*? In effect, I proposed the consultation to the patient, her husband not being at home at the time of my visit; and is there the least likelihood that the wife did not acquaint her husband of my proposition? Besides, when I accused Mr. Mouritz at the railway station of seeing &c. my patient in my absence, he replied, "Didn't you send for me?" and even though Mr. Mouritz had not been told that I proposed a consultation, he knew that I was in attendance; and I should like to know what new interpretation of the rules of medical etiquette he can find to justify him in seeing a patient of mine in my absence, in prescribing for her, and in sending from his own house an eight-ounce mixture, which he calls a *draught* of chloral hydrate, when at the same time I was giving a mixture containing morphia. Mr. Mouritz's account of our meeting at the railway station is on a par with his other statements. A gentleman of position and respectability in this locality, who was with me at the station, but stood a half-dozen feet off, saw Mr. Mouritz turn on his heel almost as soon as I commenced to speak with him, and overheard his grunt as he walked off. Mr. Mouritz's conclusion as to the probability of my not having chloral hydrate may be very logical; but I cannot see it. Mr. Mouritz is drawing on his imagination when he asserts that he declined to have any further intercourse with me. The fact is, I declined to meet him in consultation. In regard to that circumstance, which grates so painfully on Mr. Mouritz's refined and susceptible feelings, as to my not having carbolic acid in my surgery on a particular occasion, I should like to know by what powers of dialectics, by what ingenious sophistry, or by what stretch of the imagination, he can bring that fact to justify him in violating well-established rules of professional etiquette. I am, Sir, your obedient servant,

J. M'NAUGHTEN O'KEEFFE, L.R.C.P.E., &c.

Widnes, October 17th, 1870.

Mr. D. Blackwood, (Halifax.)—Many thanks for the enclosure. So many remedies have been vaunted at different times for small-pox, that we are justified in entertaining a good deal of scepticism in regard to any new agent. Our correspondent might make his offer to some physician in his own neighbourhood, if he can find one willing to try it.

Dr. Geo. Buchanan shall receive a private note.

SAD TERMINATION OF A "HOSPITAL SUNDAY" MEETING.

WE record with profound regret a sudden and painful interruption of the public meeting convened last week in the Liverpool Town Hall, for the purpose of promoting the "Hospital Sunday" movement in that town. The Mayor presided; and after he had briefly explained the circumstances which had led to the meeting, the Rev. Mr. Cowan, Vicar of St. Chrysostom's, Everton, rose to move a resolution, to the effect that two-thirds of the whole sums collected should be distributed amongst the local charities by a general committee, and that the remaining third be left for distribution at the discretion of each contributing congregation. The reverend gentleman was proceeding to argue that the educational institutions of the town ought not to be injured for the advantage of the medical charities, when he suddenly faltered, and almost immediately fell back into the arms of a gentleman sitting near him. He was removed to an adjoining room, assistance being promptly rendered by medical gentlemen present; but the seizure was fatal, and in a few minutes the melancholy announcement was made by the Mayor that death had ensued. The meeting at once separated, deeply shocked by the awful suddenness of the occurrence. It appears that Mr. Cowan, who was about eighty years of age, suffered from angina pectoris, and had been warned by his physician most scrupulously to avoid all excitement and fatigue. This warning was unhappily disregarded; for when death overtook him he was speaking as though he felt very strongly upon the subject, and no doubt was mentally excited to a considerable degree by the desire to protect the institutions in which he was most interested from any loss by an alteration of the principle of the "Hospital Sunday" collections.

C. C. N.—The qualification is only a surgical one; and as the Poor Law requires the double qualification, our correspondent cannot strictly be considered "duly qualified." But the objection in the temporary circumstances seems hypercritical and unhandsome.

Mr. Masters' (Stafford) communication was received too late for insertion this week.

PRESCRIBING DRUGGISTS.

To the Editor of THE LANCET.

SIR,—Your correspondents hitherto seem to have forgotten that the druggist, in addition to prescribing without hesitation for any case that comes before him, is the greatest friend to quackery in the country; the next being the country parson, who is often either a homœopath or a hydropath. Most patent medicine vendors, in their untruthful advertisements, which are so freely inserted in the religious periodicals, state that their valuable (?) remedies may be had "of all respectable chemists"; and certainly, even if the druggist has a quack remedy of his own, he pushes the trade in patent medicines to such an extent that the pills and potions of these empirics are found in almost every house. I think it is a mistake to call these men by the dignified title of "chemist." It implies a degree of scientific education which the numerous drug vendors do not deserve to get credit for. The druggist aspires to the position of the apothecary, and, in fact, assumes it, with this difference, that the latter passed a very creditable test at the "Hall" in Blackfriars, after a long pupilage and proper hospital course; while the former has such brilliant natural sagacity that he needs none of the teaching of the schools, and "steps in where angels fear to tread." We have to thank the Society of Apothecaries for a great deal of this; for if they had protected their licentiates to the extent of the powers their Act of 1815 conferred upon them, there would have been no such anomaly as "the prescribing druggist" at the present day.

I am not inclined to give up the private dispensing of my own medicines until the whole of the druggists of this place desist from presuming to prescribe, and from selling quack remedies.

I am, Sir, yours, &c.,

October, 1870. A POOR COUNTRY PRACTITIONER.

To the Editor of THE LANCET.

SIR,—I should feel obliged if you would allow me space in your valuable journal to add a little more information respecting the chemists and druggists, of whom we have heard a good deal lately.

Last night, October 3rd, I was suddenly called out to see a woman in respectable circumstances, who was suffering from a severe attack of erysipelas, affecting chiefly the face and head. After I had been at the bedside of the patient a short time, I was informed by the person attending her that she had been to Mr. A——, the chemist, and that he had given her a bottle of medicine, and ordered two leeches to be applied a little above the woman's left eye. Having heard that the above-named gentleman was in the habit of "visiting," I wished, if possible, to clear away my doubts as to the truth of this statement. I inquired if Mr. A—— had been to see the patient. "O yes, sir, he called in this morning as he was going down to his shop"! was the reply. Whether this gentleman is guilty of regularly visiting patients (probably early in the morning or after dusk at night), I must leave you to judge; but I agree with many others in thinking that it is high time for the Legislature to put a stop to this sort of quackery.

I am, Sir, your obliged servant,

October 4th, 1870. SPES.

To the Editor of THE LANCET.

SIR,—Why should the medical profession become the scavengers of the druggists? Such in reality is the case. They prescribe heroically for every disease; and should there happen to appear any troublesome symptoms, they tell their applicants, "Under all circumstances it would be best to send for a doctor." The doctor is sent for, and quickly responds to the call. "Oh, sir," the patient exclaims, "I am very ill; but have had medicine prescribed for me by Mr. ——, the druggist."

Now, Sir, I find in my practice that, especially with children, I am sent for when the child is moribund, in consequence of the failure of the druggist's remedies. I shall in every case I am now sent for, in the event of its terminating fatally, make it known in the certificate of death how long the case has been prescribed for by the chemist, and also insert the name of the said chemist, to prevent any mistake; for I am disgustingly tired of having cases to administer to after the M.R.P.S. has done with them, and received cash for his advice and medicine.

Yours obediently,

Islington, October 11th, 1870. L.A.C. & M.R.C.S.

REGISTRATION OF DISEASE, AND POOR-LAW MEDICAL REFORM.

THE following propositions were submitted to the President of the Poor-law Board on Monday last by a deputation from the British Medical Association and the Poor-law Medical Officers' Association. Among those present were, Dr. Lyon Playfair, M.P., Mr. Cawley, M.P., Dr. Sibson, Dr. Ramsey, Dr. Farr, Dr. Stewart, Dr. Ransome, Dr. Anstie, Dr. Morgan, Dr. Stallard, Dr. Rogers, Dr. Webb, Mr. Ernest Hart, Dr. Aldis, Mr. James Lewis, Dr. Carr, Dr. Manley, Dr. Fowler, Dr. Vinen, Mr. J. Liddle, Mr. Randolph Robinson, Dr. Ainslie, Dr. Day Goss, Dr. J. Harley, &c. &c.

1. That medical relief and the sanitary care of the poorer classes, with which the registration of disease is indissolubly connected, are questions which ought not to be treated independently of each other, and that they require to be settled on improved principles by a connected and consistent scheme of legislation.

2. That with regard to medical relief under the Poor Law, it is desirable to establish in England and Wales a system of district dispensaries, similar in many respects to that which has been for some years in operation in Ireland (of which a system of registration of disease forms an important part), with great benefit not only to the sick poor, but also to the public health and the control of pauperism; and that in every district medicine and other remedial appliances be provided under inspection at the cost of the local authorities.

3. That in order to secure efficient treatment of the sick poor, and adequate remuneration to their medical attendants, it is important that the area and population of medical districts and the salaries of the medical officers be resettled as far as practicable on a uniform basis, by a code of regulations or general orders having statutory force; no local exemptions being permitted without the sanction of the central authority.

4. That the position, the tenure of office, the qualifications, and the duties of the medical officers be determined and regulated by the same code of regulations, and that the salaries of the medical officers be paid either wholly out of the Consolidated Fund, or partly from that Fund and partly from a county rate.

5. That a general registration of disease be instituted, and that all new cases of sickness &c. coming under treatment at the public cost, whether in union districts and workhouses or in public and charitable institutions, be returned every week, or oftener in times of pestilence (according to a uniform system of nomenclature and record), by the resident medical officers of such institutions and by the Poor-law medical officer, who should be fairly remunerated for this addition to their labours.

6. That the above returns of disease be collected and revised by a registration medical officer, or by a medical officer of health, acting as such in every superintendent registrar's district or group of districts, so as to constitute a register for the use of the local authorities, and that a copy thereof be forwarded at stated intervals to the central authority.

7. That certain preventive duties be performed by the Poor-law medical officers as deputy health officers, and that they be paid for such sanitary duties, on a scale to be determined, by the central authority.

8. That in order to rectify and prevent abuses, the medical and sanitary care of the poor in districts and workhouses be subjected to periodical inspection, either by the proposed chief officers of health debarred from private practice, or by medical inspectors under the central authority, or by both.

9. That in any re-arrangement of our sanitary organisation, resulting from the inquiry of the Royal Sanitary Commission, it is desirable that the foregoing propositions be embodied.

Sigma.—1. The heaviest recorded brain was that of Cuvier, which weighed 3 lb. 11 oz. 4 dr. 40 gr. avoirdupois, or 4 lb. 11 oz. 4 dr. 20 gr. troy weight. 2. We do not remember the weight of Mr. Thackeray's brain, or indeed that it was weighed at all. If it were, no notice of it has appeared in our columns.

X. Y. Z. had better consult some hospital surgeon.

CASE OF RHINORRHŒA.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your inserting the following case in your journal, in the hope that some professional brother who may have treated a similar obstinate rhinorrhœa successfully will be kind enough to suggest a remedy for a case which has baffled all surgical treatment hitherto.

J. B——, aged fifty, of robust build, healthy family, but of sedentary habits, has been the subject of a discharge from the left nostril for two years and a half. It commenced with an alveolar abscess, which extended to the root of the second molar tooth. This abscess was not opened, but allowed to break; it discharged partly into the mouth, and partly through the left nostril. The former from the mouth ceased in a few days; that from the nostril has continued up to the present time. It is constant, but more profuse in damp weather, and after much mental occupation. It is in character thinnish, yellow, and acrid. Internally nothing can be seen but a slightly congested mucous membrane; externally there is no tender spot. Patient suffered from syphilis fifteen years ago. The treatment adopted has been, internally, iodide of potassium and iron; locally, by a syringe and fumigation, alum, tannin, black-wash, nitric acid, kreasote, &c.; all to no effect.

Yours obediently,

Market Drayton, Oct. 11th, 1870. JOHN DAVIES, M.R.C.S.

Mens Sana.—We think our correspondent could not do better than apply to Dr. Needham, Superintendent, Lunatic Hospital, York; or to Dr. Tate, The Coppice, near Nottingham. The terms he would find moderate, and the accommodation good.

Messrs. Fox and Co.—The request shall be attended to.

ESCHAROTICS IN ENLARGED TONSILS.

To the Editor of THE LANCET.

SIR,—My experience of the reduction of chronically indurated and enlarged tonsils by means of fused caustic potash, bichromate of potash, Vienna paste, and London paste, clashes with that of your correspondent, "Surgeon." These agents are as efficient in adults as in children. Mere age is not a determining cause of failure or of success. My most satisfactory cases have occurred in grown-up persons, who had tried everything unavailingly, and who had not courage to face the knife or the tonsilotome.

Yours, &c.,

Hertford-street, Mayfair, October, 1870. GEO. MOORE, M.D.

A QUESTION FOR THE REGISTRAR-GENERAL.

MORE than once our attention has been arrested in the perusal of the Registrar-General's Weekly Returns by the record of deaths which had happened at dates more or less anterior to the current week of publication. Let us take an illustrative case from last week's Return. The unusually large number of 15 deaths were registered last week in London as having been caused by drowning; but it is noted that this excess has resulted from the running down of a boat belonging to the training-ship *Chichester*, off Woolwich, on the 8th of September. That is to say, an interval of over five weeks has elapsed between the occurrence of the deaths and their appearance in the Return as having been registered. We do not know who may be responsible for this delay; but it certainly strikes us as indicative of laxity somewhere. We should have supposed that the registration officer had probably been waiting for the coroner's information of the deaths and their causes, but that the same Return furnishes a case which seems to show that the one is not necessarily dependent on the other; for the death is there recorded of an old woman which happened on the 9th instant at Greenwich, of "old age, accelerated by being knocked down by a bicycle"—as the cause is oddly stated to have been. The inquest on this victim of the latest mania of Young England was only held on Monday last, so that the death must have been registered before the result of the inquest was known. Query: How is this difference of procedure accounted for at Somerset House?

Mr. George Nuttall, (Hanley.)—We really cannot undertake to make an analysis of all the things sent to us. Our correspondent would have no difficulty, however, in getting so simple a substance analysed by any respectable chemist.

THE communication of *Dr. Andrew Buchanan* shall appear in an early number.

UNQUALIFIED ASSISTANTS.

To the Editor of THE LANCET.

SIR,—As an anxious and energetic unqualified assistant, rather advanced in years, I feel most keenly some of the unkind and pungent remarks made by your correspondent, "R. H. L.," and should imagine, from the tenor of his unjust comments, that his position in the medical profession is rather owing to his good fortune than to his good sense.

With regard to unqualified assistants being an evil or an impediment to the profession, perhaps your correspondent will explain in what way we are considered as such. From the repeated conversation I have had upon this subject with several gentlemen of the medical profession, it has been quite the contrary. In each case they have assured me that they give the preference to unqualified assistants, and one gentleman went so far as to say that he would not have another qualified assistant in his employ again under any consideration; for he said it was an acknowledged fact that they did not execute their duties with the same amount of energy and interest that an unqualified assistant did. Not that I wish to say a single word against qualified assistants; far from it. But why should the daily bread be taken out of our mouths because it has been our misfortune to have the means wherewith to qualify put out of our reach through unforeseen circumstances? At the same time I cannot quite agree with the proposition set forth by your correspondent, "Spes," inasmuch as I should be very sorry to see the standard of the medical profession lowered in the slightest degree. But would it not be showing a more brotherly feeling on the part of the profession if, instead of trying to deprive us of the only means we have of gaining an honest livelihood, they tried to inaugurate some institution or college (say to be supported by voluntary contributions) in aid of those similarly circumstanced to myself, thereby giving us an opportunity to obtain a qualification without involving any great outlay on our part, or without having to walk the hospitals for four or five years, which very few assistants can find time to do, and at the end of which period many of us would be totally unfit for our professional duties? And every medical practitioner is cognisant of the fact that the annual stipend given to unqualified assistants is never more than sufficient to enable them to keep up a respectable appearance, and to supply them with the common necessaries of life; so that it amounts to an utter impossibility for them to pay the usual hospital fees, unless they have some means to fall back upon; and also equally impossible for them to qualify, unless some easier means of access be open than that already existing.

As I fear I have trespassed too much upon the space in your valuable journal, allow me to add, in conclusion, that I sincerely trust the medical faculty at large will take into consideration our earnest appeal for assistance, and put forth their united efforts to promote our future subsistence and welfare.

Thanking you for your extreme kindness in giving publicity to this subject, I remain, Sir, yours very truly,

October 3rd, 1870. M. A. G.

L.R.C.P. Edin.—There is not much difference in the nutritiveness of boiled and unboiled milk, because the chief nitrogenous element in milk (casein) is not much affected by boiling. But for children milk should not be boiled, but given at a temperature near that of the body.

Nottingham.—The manual by Dr. Royle and Dr. Headland, or that by Dr. Garrod.

A QUESTION IN OBSTETRICS.

To the Editor of THE LANCET.

SIR,—I should be much pleased if any of your readers would kindly interpret the symptoms of the case about to be alluded to, as I am unable to do so to my satisfaction, and as I have been unable to get a solution from those whom I have consulted, although persons of experience and talent.

A lady, pregnant between five and six months, has within the last fortnight been drenched by the sudden gushing of fluid, closely resembling that of the amnion; this being repeated every second or third day, and being attended by constant dribblings in the intervals. About two months prior to this a discharge of unmixed blood occurred, and was repeated on several occasions; on one in very considerable quantity indeed, sufficient to induce fainting. I must remark that this latter has been observed in previous pregnancies, and without any unnatural attachment of the placenta. The movements of the child are most unmistakable. Yours truly,

Watford, October 17th, 1870. C. W.

THE QUEEN'S HOSPITAL WORKING MEN'S COMMITTEE.

WE have received a communication animadverting upon several matters connected with the Birmingham Queen's Hospital Working Men's Committee, and have been led to make a few inquiries, the result of which we may now state. The midwifery department of the hospital seems to be a matter of necessity, as the students have no means of studying practical midwifery, and we are assured that every care is taken that only poor deserving women shall be admitted. The net amount placed to the credit of the Working Men's Fund at the last audit was, we are informed, upwards of £2637, and this is held to justify the appointment of a joint Committee of Hospital Governors and Working Men, to take the preliminary steps for the erection of a building for accidents and out-patients, at a cost not exceeding £5000. As eighteen months must elapse before the building is erected, it is believed that the balance can be easily raised during that period, and the working men for the first time will have by their own exertions raised a building in proof of their sympathy with their fellows in distress. It is a fundamental principle of the Working Men's Fund that it shall be devoted to relieve deserving persons, avert the evil of indiscriminate charity, and foster feelings of self-dependence.

S. C. B. should apply for the information he desires to the Consulates of the various countries named.

G. W. G. would like to know whether San Francisco is a place in which it is "safe" for a medical man to keep "an open surgery."

Mr. R. H. Oldershaw is thanked for the very remarkable communication he sends us; but we will not give additional circulation to such statements.

A DISTRESSING CASE.

To the Editor of THE LANCET.

SIR,—Will you permit me to call the attention of your readers to a very sad case, in which the widow of a medical gentleman is suffering, not merely poverty, but absolute destitution?

The poor lady is of an advanced age, and is under the care of a surgeon at Lewisham, Dr. Neate, to whom reference may be made. He writes to me as follows: "She has been under my care a considerable time; she has been a long and patient sufferer, and is now quite helpless and bedridden. Up to the present time her son and daughter have managed to procure necessaries for their mother; but this heavy tax upon their limited means has rendered them all poor in the extreme, and I fear that they are totally without means even to procure the common necessaries of life, to say nothing of the extra support the mother really requires, such as beef-tea, wine, &c."

The facts are personally known to me, and the history of the struggles of the dutiful son and daughter is a story of domestic heroism. The son has been working as a chemist's assistant, not having had means to follow his father's profession; the daughter has tried every honourable means open to woman to earn money to purchase comforts for her mother. I have given them some little help at various times; but their distress is greater than can be healed by the contributions from a single purse. I appeal to the professional brotherhood for aid, and shall be most happy to give the name and address to anyone who will take an interest in the case.

I am, Sir, yours faithfully,

50, Lincoln's-inn-fields, Oct. 15th, 1870. J. BAXTER LANGLEY.

F.R.C.P.—The account of the treatment of gonorrhœa and gleet by tannin and glycerine, contained in THE LANCET of October 8th, was taken from the Archiv f. Dermatologie und Syphilis, band ii., 1870, p. 176. The reporter does not remember whether any statement was made by Schuster as to the usual period at which a repetition of the application was required; but he states of one case that a single application changed the urethra from a dark to a pale-red colour, and materially diminished the swelling; whilst a second application, *five* days subsequently, effected a cure. The tannin and glycerine pastilles can be obtained from Mr. Squire, of Oxford-street, and form flexible rods about the size of an ordinary steel pen-holder.

Dr. Robert Dick.—The communication forwarded by our correspondent was in an incomplete state. We fear that, with a large amount of interesting and pressing matter, we should not be able to do more than insert very concise notes on the subject alluded to by him.

T. W. L.—Certainly he could.

Mr. Crerar.—We have noted the contents of Mr. Crerar's letter. They are pertinent; but do not necessitate any reversion to the subject.

BULLET EXTRACTOR.

To the Editor of THE LANCET.

SIR,—In your annotation last week, headed "Searching for Bullets," mention is made of an instrument contrived by Dr. Lecomte. I had one made for me nearly two years ago by Ferguson, through Messrs. Salt of Birmingham, somewhat similar, and forming when closed a sound about the one-sixth of an inch in diameter. This had a probe-pointed end, composed of three scoop-shaped claws. These are kept in close apposition by the barrel of the instrument, which is a movable tube, acted upon by a screw in the handle. As soon as the foreign body is detected, slight pressure is used, the screw turned, the sheath ascends, the claws open and embrace the object. The action of the screw is now reversed; the sheath descends and fixes the claws firmly, and it is easily withdrawn. I placed this instrument sixteen months ago in the hands of the Director-General, who forwarded it for experimental purposes to Netley. Hearing that a Government ambulance was about to start, I wrote to Professor Longmore, and asked him to send the instrument for practical use. He informs me that he had sent it up to the Director-General, and I have every reason to believe that its usefulness will be tested before the walls of Paris. The advantages are, that your explorer and detector is also your extractor, that there is no unnecessary dilatation of the wound, and the blades so envelope the object that there is little chance of its slipping away when once firmly fixed. The instrument may be made of any length. Your obedient servant,

Leamington, Oct. 17th, 1870. FREDK. GOODCHILD, M.D., Surgeon, 1st Warwick Militia.

MEDICAL APPRENTICES.

Anonymous draws a picture at once serious and amusing of the duties of medical pupils—the cleaning of the surgery, holding their *master's* horse (if he happens to have one), driving him out, wiping the measure glasses, telling small fibs about the time at which it is probable the master will be at home, &c. We are willing to believe that there is some confusion in our correspondent's letter in regard to this subject, as there is in regard to a few points of composition and recent medical legislation; but let his picture serve as a warning to medical men to maintain the dignity of medical pupilage, for which there is still something to be said.

Cooling Powder should have lived in the days of Hippocrates and Celsus—only then he would not have had the advantage of reading THE LANCET weekly.

Dr. A. MacGill, (Liverpool.)—We shall be happy to receive the reports from Constantinople.

Mr. Stephen Smith.—Many thanks.

Vita cannot have his Physiology and Disease all in one handy portable volume. The subjects are distinct, and, respectively, so wide that they need separate treatises.

THE APPLICATION OF PRESSURE TO THE UTERUS IN CASES OF LINGERING LABOUR.

To the Editor of THE LANCET.

SIR,—Dr. W. S. Playfair, in an interesting account of two cases of powerless labour in your impression of October 1st, infers that the application of external pressure in the treatment of powerless labour was unknown prior to the practice of it by Kristeller in 1867, on the suggestion of Von Ritgen in 1856. "It is certain," he says, "that the advantages to be derived from external pressure are not yet widely known or recognised." I admire much the ingenuity of the German accoucheurs, but cannot allow their ingenuity to be surpassed by the genius of our own obstetricians.

Pressure by means of bandages, where inertia of the uterus exists in labour—and especially where the uterine inaction is unassisted by the abdominal muscles, where they have become relaxed, distended, or flabby, owing either to obesity or multiparæ, or debility of the system,—was known and practised by many of the intelligent general practitioners in this country long prior to 1856. In such cases even nurses, on my first outset in practice in 1851, often asked me, if "it would not be best to apply the binder" to assist in expelling the child.

Dr. Barnes, doubtless, knew of this practice existing long prior to the dates given by Dr. Playfair; for he states that "this resource should not be lost sight of," and this confirms the usage of the practice.

The celebrated accoucheur, Dr. Samuel Merriman, resorted to this practice when attending befitting cases under his care.

Whilst I was district accoucheur to St. Mary's Hospital, under the supervision of Dr. Tyler Smith, during the first years of that institution, I was so much struck with the assistance rendered to childbirth in powerless labour by pressure that I invented a bandage, which was made by Weiss, and which was exhibited at the Obstetrical Society when that Society was in its infancy. Dr. Tyler Smith approved of this bandage in powerless labours, and, moreover, used it in the maternity ward of the hospital in some cases of ovarian dropsy and uterine enlargement requiring pressure, &c. The bandage is so constructed as to admit of being gradually tightened all over the anterior uterine region. This is effected by means of a screw and roller attached to a small back-board about twelve inches long by three wide, which is padded, and is made to adapt itself to the lumbar region. The bandage is kept by this means well spread open, and does not "ruckle up," and the patient's back is well supported, and pressure can be gradually made to any amount on the abdomen, or loosened in the interval of the pains. By the combined means of pressure before and behind, an agreeable relief and assistance is given to the mother, especially when labour pains are inactive from either direct uterine or abdominal weakness, or both. When exhibiting this instrument to the members of the Obstetrical Society, I related that I had used it constantly with the greatest advantage, and I also use it at the present day with equal success. The advantages this bandage possesses over the palmar pressure made on the uterus are these:—

1st. A patient with this bandage can lie on her left side, the recognised English position.

2ndly. It is impossible to use pressure long with the hands, for they would become cramped and tired after a few hours' manipulation. My bandage will keep up by itself a continuous pressure, or it can be relaxed at discretion.

3rdly. In cases where the mother has very fat abdominal walls, it would be exceedingly difficult to grasp the uterus with the hands, and give sufficient power for the "pushing" out of the child. This instrument, by its universal pressure on the abdominal region, causes a gripping of the uterus by the contraction of the abdominal muscles, thus producing expelling power to the womb.

4thly. The back and sacrum are well supported by the back-board, and the accoucheur is at liberty to support the perineum with his left hand, which could not be done were both hands used for making downward pressure on the uterus; for every accoucheur is familiar with the expression, "Oh my back; pray support my back."

In the interest of fair play towards a large body of general practitioners, who have for years prior to Dr. Playfair's dates adopted the practice of pressure on the womb in lingering labour, I have been induced to pen this communication. At the same time I feel assured that Dr. Playfair has not been aware of the practice I have described, as no record has been published of the cases in the medical press.

I remain, Sir, yours truly,
Halstead, Essex, October, 1870. W. H. BORHAM, L.R.C.P. Ed.

To the Editor of THE LANCET.

SIR,—I am glad to see that the subject of pressure over the uterus during lingering labour is engaging the attention of Dr. W. S. Playfair and other eminent members of the profession.

Will you kindly allow me to ask any practitioner who has tried my "obstetric support" if he will let me know the result of his experience with regard to its use in this respect.—Your obliged servant,
Worcester, October 12th, 1870. WM. WOODWARD, M.D.

A SANITARY DIFFICULTY.

THERE are two grave obstacles perpetually cropping up in the way of sanitary progress—namely, the legal difficulty and the educational difficulty. The former of these it is hoped will be wholly or in great part put an end to by Parliamentary action next session. When the latter will cease from troubling it would be a bold step to predict; but that as long as it exists sanitary progress must be necessarily retarded will be evident from the following passages contained in a Report made last week to the parish vestry by Dr. Puckle, medical officer of health for Lambeth:—

"He had visited Le Grand-place, Tree-court, Pannell-place, and Fountain-court, and found them free from disease. The weekly returns of the Poor-law medical officer showed great freedom from epidemic diseases. All the houses were old, and nearly all without back-yards, and consequently without accommodation other than a single place at the end of the court, and open to the public, and used by people of filthy habits. It was impossible to maintain sanitary appliances in such districts; for if taps were applied to cisterns, they were invariably stolen; covers of dust-bins were destroyed, and sometimes burnt. In Fountain-court he found that a drain had been wantonly torn up and destroyed, and the pan of a closet had been wilfully broken by a boy throwing a brick at it. As a sample of the class of people residing there, the inspector was called lately to a room where he found three people living in a most abominable stench, a large quantity of human filth having been retained in the room for three weeks. Here was a stratum of society scarcely above the level of beasts, with barely a rag to hide their forms."

CHLOR-ALUM.

To the Editor of THE LANCET.

SIR,—With the permission of Dr. Fergus, I send you a copy of a letter, which will probably satisfy those of your readers who believe that with "chloral" and "chloralum" as the names of two useful medicinal agents, we might fear lest "the sewers might be narcotised, and our sleepless people disinfected." The suggestion will be carried out as far as possible.

I am, Sir, your obedient servant,
JOHN GAMGEE.
Great Winchester-street-buildings, E.C., Oct. 12th, 1870.

[COPY.]
Marlborough College, October 11th, 1870.

SIR,—I have read with great interest the accounts of the chloride of aluminium. I think that the name you have adopted is unexceptionable if its proper pronunciation can be secured. This may be effected by writing the name as a double word. Chlor-alum would obviate all confusion.

Ever yours faithfully,
J. Gamgee, Esq. (Signed) WALTER FERGUS.

Mr. W. Stevens.—We think it improbable that any such measure will pass the Legislature before next spring.

Dr. Tylecote.—The receipt of our correspondent's communication has been acknowledged, and it will be inserted in an early number.

TREATMENT OF GONORRHŒA.

To the Editor of THE LANCET.

SIR,—For the last three years I have, in all cases of gonorrhœa under my care, used the following injection with great success:—Tannic acid, two drachms; glycerine, two ounces; water, six ounces. I give no medicine whatever, and after the first week do not object to my patients taking a moderate amount of stimulants.

May I ask Mr. Murphy, whose letter appears in your last issue, how he accounts for the immunity married men enjoy from the consequences which, according to his experience, ensue from connexion immediately after the cessation of menstruation? Yours faithfully,
Farnworth, October 17th, 1870. JAMES FERRIER CLARKE.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. John Wood; Dr. Whitmore; Mr. Reynolds, Burnley; Mr. Tennant; Mr. Thompson, Cheam; Dr. Turner, Alderton; Mr. Gregory, Rusholme; Dr. Evans, Narberth; Dr. Grigor, Navin; Mr. Sharp; Dr. Duckworth; Mr. Sellmann; Dr. Ross; Dr. Culia, Malta; Mr. T. Masters; Mr. Pierce; Mr. J. Bourne, Walsingham; Mr. J. R. Smith, Tewkesbury; Mr. Hodges; Dr. Hopkins; Mr. Green; Mr. Owen; Dr. Mackintosh, Callington; Dr. Pearse, Canton; Mr. Newman; Dr. Ryley; Dr. Priest, Waltham; Dr. Woodward, Worcester; Messrs. Coleman and Co.; Mr. Utley; Mr. Stanley; Dr. Foster; Dr. Black, Glasgow; Mr. Stephenson; Mr. Leigh; Dr. Colthurst; Mr. Wheelhouse, Leeds; Mr. Hine; Dr. Hughes; Mr. J. J. Hott; Mr. Rodger, Bellingham; Messrs. Fox and Co., Manchester; Mr. Lithgow; Mr. Sloane; Mr. Evans, Everton; Dr. Lloyd, Leeds; Dr. Dickinson; Mr. T. C. White; Mr. Keying; Mr. Hunter; Dr. Phillips; Mr. Charles, Exmouth; Mr. B. Knight, Liverpool; Mr. Brown; Mr. Steven; Mr. James; Dr. Goodchild, Leamington; Mr. Morgan; Dr. Bettelheim, Vienna; Dr. Sayre, New York; Mr. Barden; Dr. Corner; Dr. Ratton: Dr. Neale; Mr. Nuttall, Manley; Mr. Blackwood, Halifax; Dr. Tibbits; Dr. O'Keeffe, Widnes; Dr. Clarke; Mr. Hendry; Dr. Morris, Barnsley; Dr. Crane, Hallaton; Mr. Thomson; Dr. Graydon; Mr. Watson; Dr. Moore; Dr. Bellis, Dublin; Dr. Playfair; Dr. Langley; Dr. Tylecote, Stone; Mr. J. Horton; Dr. Baxter, Emsworth; Mr. Wright; Dr. Macnab, Bury St. Edmunds; Dr. Denne, Birmingham; Mr. S. Smith; Mr. Barker; Mr. Gray; Mr. Mayor; M.D.; Cooling Powder; M.R.C.S.E.; A Pharmacist; A. B. C.; Alpha; Spero; H. V.; A. B.; A. T.; Vigilans; Medicus; J. H.; The President of the Harveian Society; J. W. L.; Beta; A Reader of THE LANCET; X. Y. Z.; An Undergraduate; An Eye-Witness; J. G. S.; An Old Subscriber; Sigma; &c. &c.

Liverpool Daily Courier, Guernsey Comet, Bournemouth Visitors' Directory, Journal of Psychological Medicine, Liverpool Mercury, Times of India, Supplement to the European Mail, New York Medical Journal, Scotsman, Revista Medico-Quirurgica, Medizinisch-Chirurgische Rundschau, Tiverton Times, Illustrated Midland News, and *Liverpool Mercury* have been received.